

ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

MICHIGAN

Part 2

INKSTER to ZEELAND



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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MEDICARE/MEDICAID NURSING HOME INFORMATION

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Otis R. Bowen, M.D.

Secretary

U.S. Department of Health & Human Services

William L. Roper, M.D.

Administrator

Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

A handwritten signature in dark ink, reading "William L. Roper".

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a “snapshot” of the conditions in the nursing home at that time. The information does not describe the home’s success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the “State Government” section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



JAMES J. BLANCHARD, Governor

DEPARTMENT OF PUBLIC HEALTH

3500 N. LOGAN

P.O. BOX 30035, LANSING, MICHIGAN 48909

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Raj M Wiener, Acting Director

OVERVIEW OF NURSING HOME LICENSURE PROGRAM

Overall Purpose

- To protect the health, safety, and welfare of nursing home patients,
- The enhance accessibility and quality of care,
- To ensure medical accountability for reimbursed care for facilities that are participating in federal or state programs,
- To coordinate regulation with other state agencies to minimize the burden placed upon facilities, and
- To provide the public with information about nursing homes

Organizational Structure

The licensure program is administered by the Michigan Department of Public Health, Bureau of Health Facilities, Division of Licensing and Certification. Licensure and Medicare/Medicaid certification for homes is performed by 5 teams of health professionals, 3 of which are based in Lansing and cover the outstate areas, and 2 of which are based in Detroit and cover the Detroit metropolitan area.

General Procedures

Because licensed facilities are also eligible for Medicaid or Medicare certification, we combine our licensure and certification procedures to eliminate duplication of effort.

The general licensure procedure involves the following steps:

- (A) Facilities requesting an initial license or certification, or renewing them, must submit an application and pay the required licensure fee. Supporting documents with detailed information about physical facilities, operation, and staffing are often required.
- (B) The facility is then scheduled to be surveyed by a health department team from appropriate disciplines. The time of the survey is not announced in advance, so the surveyors see the facility in its normal day-to-day condition. The survey team determines whether the facility is deficient in meeting certain state or federal standards.
- (C) The application and supporting documents, and the citation of deficiencies (if any) are reviewed by a Licensing Officer. The Licensing Officer decides whether the facility will be licensed, or certified, or both.

OVERVIEW OF ENFORCEMENT SYSTEM

Deficiencies may result in a request for a plan of correction; or, if the deficiencies are serious or long-standing, enforcement action is initiated. If we request a plan of correction, it must be practical and reasonable, and must assure completion of the plan, and if the deficiencies are not corrected, enforcement may then be undertaken.

In an enforcement action, we seek to assure compliance with state and federal requirements, and to protect the health, safety, and welfare of patients.

Our department is responsible for enforcement actions related to licensure, including use of one or more of the following options:

- Denial, limitation, suspension or revocation of license
- Ban on admission of new patients
- Placement of the facility in receivership
- Fines
- Transfer of patients other facilities
- Correction notice (legal order) to force correction of deficiencies by a specific date
- Immediate closure

The option(s) chosen depend on the particular situation. In general, the correction notice option is used first; if it fails, other options are invoked.

If nursing home deficiencies are related to Medicaid certification requirements, enforcement action is undertaken by the Department of Social Services upon our recommendation. If the problem concerns Medicare certification, we recommend enforcement action to the federal government.

DEPARTMENT OF PUBLIC HEALTH

P O BOX 30035, LANSING, MICHIGAN 48909
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Raj M Wiener, Acting Director

1. Michigan Department of Public Health
Bureau of Health Facilities
Division of Licensing and Certification
3423 N. Logan, P. O. Box 30195
(517) 335-8505

- Directory of nursing homes in Michigan
- Copies of survey reports for specific homes (the latest survey report is also posted in each nursing home)
- General information on nursing homes, including state licensure rules, patient "bill of rights", etc.

In Michigan Toll Free 1-800-882-6006 Anytime
Outside Michigan 1-517-335-8511

- In Michigan Toll Free 1-800-638-6414
Outside Michigan 1-517-334-7211

3. Michigan Department of Attorney General
Health Care Fraud
6520 Mercantile Way, Suite 3
Lansing, MI 48913
(517) 334-6020

This office investigates fraud involving Medicaid recipients and health care providers.

4. Office of Services to the Aging
611 W. Ottawa - Third Floor
P. O. Box 30026
Lansing, MI 48909
(517) 373-8230

This office provides a variety of programs and services for senior citizens.

5. State Long Term Care Ombudsman Program
Citizens for Better Care
1627 E. Kalamazoo Street
Lansing, MI 48912
(517) 482-1297
(800) 292-7852 (Michigan only, answering machine on after
business hours)

A statewide network of placement information and services, complaint resolution assistance, and community education is available from the Michigan Long Term Care Ombudsman program.

Placement information and services include:

- listings of all nursing homes in Michigan which contain the number of beds and certification levels, name, address, and telephone number of each home
- copies of all state inspection reports for nursing homes and homes for the aged
- materials on "how to choose a nursing home", financing care, and alternatives to nursing home care
- referral to other long term care facilities and community services for the care of the chronically ill or dependent adults

Complaint resolution assistance focuses on responding to any problem, question or concern which faces a resident of nursing homes, home for the aged or adult foster care homes.

Ombudsman staff is available for community education presentation on a variety of topics from how to choose a home, to how to select a long term care insurance. A free quarterly newsletter is available through the State Ombudsman office. A number of other pamphlets, including a Resident's Rights brochure, are available.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE Happy Valley Nursing Home			
Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory
Street Address: Self-explanatory
City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.					
Bathing Residents requiring some or total assistance in bathing.		FACILITY		STATE	NATION
		#		%	%
		78		83.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE ADVANCE NURS CTR

Street Address:		City and State:	
2936 S JOHN DALY RD		INKSTER MI 48141	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	92	NON-PROFIT OTHER	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
86	3	73			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	86	100	80.9	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	77	89.5	85.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	60	69.8	76.7	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	100	77.7	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	51	59.3	69.9	68.2	
Residents on individually written bowel and bladder retraining program.	1	1.2	3.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	20	23.3	38.0	37.7	
Completely bedfast residents.	3	3.5	2.8	3.4	
Residents confined to chairs.	15	17.4	53.3	50.8	
Residents requiring restraints.	26	30.2	44.5	41.3	
Confused or disoriented residents.	59	68.6	62.0	58.4	
Residents with bed sores.	12	14.0	10.0	7.1	
Residents receiving special skin care.	3	3.5	32.7	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE IONIA MANOR

Street Address: 814 E LINCOLN AVENUE		City and State: IONIA MI 48846	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	Medicare Residents: 2	Medicaid Residents: 90	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	87.6	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	75.2	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	83.2	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	89.4	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	85.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	27	23.9	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	74	65.5	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	61	54.0	53.3	50.8
Residents requiring restraints.	76	67.3	44.5	41.3
Confused or disoriented residents.	78	69.0	62.0	58.4
Residents with bed sores.	19	16.8	10.0	7.1
Residents receiving special skin care.	70	61.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FREEMANS CONVALESCENT HOME

Street Address: SOUTH U S 2 P O BOX 130		City and State: IRON MOUNTAIN MI 49801	
Participation: MEDICAID ICF	# of Beds: 45	Type of Ownership: PROPRIETARY	Survey Date: 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	Medicare Residents: 0	Medicaid Residents: 44	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	64.4	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	68.9	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	48.9	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	46.7	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	60.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	10	22.2	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	22.2	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	14	31.1	39.5	39.1
Residents requiring restraints.	17	37.8	38.0	31.7
Confused or disoriented residents.	18	40.0	63.0	55.8
Residents with bed sores.	0	0.0	6.5	4.7
Residents receiving special skin care.	14	31.1	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HYLAND NURSING HOME

Street Address:		City and State:	
601 EAST G STREET		IRON MOUNTAIN MI 49801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	51	PROPRIETARY	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
51	0	33	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	86.3	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	47	92.2	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	42	82.4	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	76.5	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	76.5	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	58.8	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	24	47.1	39.5	39.1
Residents requiring restraints.	31	60.8	38.0	31.7
Confused or disoriented residents.	40	78.4	63.0	55.8
Residents with bed sores.	0	0.0	6.5	4.7
Residents receiving special skin care.	3	5.9	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE IRON RIVER NURSING HOME

Street Address: 330 LINCOLN AVE		City and State: IRON RIVER MI 49935	
Participation: MEDICAID ICF	# of Beds: 69	Type of Ownership: PROPRIETARY	Survey Date: 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
65	0	56			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		51	78.5	78.4	78.3
Dressing					
Residents requiring some or total assistance in dressing.		56	86.2	80.0	76.7
Toileting					
Residents requiring some or total assistance in toileting.		51	78.5	68.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		65	100	72.9	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		65	100	63.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	9.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		36	55.4	27.7	29.3
Completely bedfast residents.		0	0.0	1.3	3.6
Residents confined to chairs.		11	16.9	39.5	39.1
Residents requiring restraints.		8	12.3	38.0	31.7
Confused or disoriented residents.		34	52.3	63.0	55.8
Residents with bed sores.		1	1.5	6.5	4.7
Residents receiving special skin care.		65	100	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAUTAMAKI WESTGATE REST HAVEN

Street Address:		City and State:	
1500 N LOWELL ST		IRONWOOD MI 49938	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	65	PROPRIETARY	04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
65	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	86.2	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	60	92.3	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	57	87.7	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	80.0	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	70.8	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	29.2	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	40	61.5	39.5	39.1
Residents requiring restraints.	36	55.4	38.0	31.7
Confused or disoriented residents.	12	18.5	63.0	55.8
Residents with bed sores.	1	1.5	6.5	4.7
Residents receiving special skin care.	12	18.5	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JOSEPHSON REST HOME

Street Address: 634 E AYER ST		City and State: IRONWOOD MI 49938	
Participation: MEDICAID ICF	# of Beds: 47	Type of Ownership: PROPRIETARY	Survey Date: 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	Medicare Residents: 0	Medicaid Residents: 47	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	91.5	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	27	57.4	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	24	51.1	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	31.9	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	63.8	63.2	59.1
Residents on individually written bowel and bladder retraining program.	13	27.7	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	10.6	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	9	19.1	39.5	39.1
Residents requiring restraints.	5	10.6	38.0	31.7
Confused or disoriented residents.	24	51.1	63.0	55.8
Residents with bed sores.	0	0.0	6.5	4.7
Residents receiving special skin care.	20	42.6	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MATHER NURSING CENTER

Street Address:		City and State:	
435 STONEVILLE ROAD		ISHPEMING MI 49849	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	122	PROPRIETARY	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
122	2	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	91.8	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	87.7	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	68.9	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	69.7	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	63.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	36.1	38.0	37.7
Completely bedfast residents.	4	3.3	2.8	3.4
Residents confined to chairs.	56	45.9	53.3	50.8
Residents requiring restraints.	50	41.0	44.5	41.3
Confused or disoriented residents.	64	52.5	62.0	58.4
Residents with bed sores.	7	5.7	10.0	7.1
Residents receiving special skin care.	25	20.5	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COUNTRYSIDE CARE CENTER

Street Address:		City and State:	
2121 ROBINSON ROAD		JACKSON MI 49203	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	59	PROPRIETARY	07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
59	0	36		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	94.9	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	54	91.5	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	76.3	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	91.5	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	76.3	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	37.3	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	17	28.8	39.5	39.1
Residents requiring restraints.	34	57.6	38.0	31.7
Confused or disoriented residents.	47	79.7	63.0	55.8
Residents with bed sores.	1	1.7	6.5	4.7
Residents receiving special skin care.	20	33.9	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAITH HAVEN CARE CENTER

Street Address: 6531 W MICHIGAN		City and State: JACKSON MI 49201	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 88	Type of Ownership: PROPRIETARY	Survey Date: 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87		Medicare Residents: 1		Medicaid Residents: 46			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				71	81.6	80.9	81.5
Dressing							
Residents requiring some or total assistance in dressing.				77	88.5	85.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				71	81.6	76.7	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				72	82.8	77.7	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				67	77.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	3.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				47	54.0	38.0	37.7
Completely bedfast residents.				0	0.0	2.8	3.4
Residents confined to chairs.				35	40.2	53.3	50.8
Residents requiring restraints.				54	62.1	44.5	41.3
Confused or disoriented residents.				46	52.9	62.0	58.4
Residents with bed sores.				6	6.9	10.0	7.1
Residents receiving special skin care.				47	54.0	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JACKSON CO MEDICAL CARE FACILITY

Street Address: 1715 LANSING AVE		City and State: JACKSON MI 49202	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 194	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 185	Medicare Residents: 5	Medicaid Residents: 173
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	70.3	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	165	89.2	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	145	78.4	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	67.6	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	135	73.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	43.2	38.0	37.7
Completely bedfast residents.	4	2.2	2.8	3.4
Residents confined to chairs.	148	80.0	53.3	50.8
Residents requiring restraints.	65	35.1	44.5	41.3
Confused or disoriented residents.	106	57.3	62.0	58.4
Residents with bed sores.	6	3.2	10.0	7.1
Residents receiving special skin care.	53	28.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARLIN MANOR

Street Address:		City and State:	
434 WEST NORTH STREET		JACKSON MI 49202	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
98		3		73	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		92	93.9	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		87	88.8	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		73	74.5	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		69	70.4	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		70	71.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		31	31.6	38.0	37.7
Completely bedfast residents.		1	1.0	2.8	3.4
Residents confined to chairs.		38	38.8	53.3	50.8
Residents requiring restraints.		32	32.7	44.5	41.3
Confused or disoriented residents.		50	51.0	62.0	58.4
Residents with bed sores.		3	3.1	10.0	7.1
Residents receiving special skin care.		22	22.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ODD FELLOW AND REBEKAH HOME

Street Address: 2388 W MICHIGAN AVE		City and State: JACKSON MI 49202	
Participation: MEDICAID ICF	# of Beds: 50	Type of Ownership: NON-PROFIT OTHER	Survey Date: 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	Medicare Residents: 0	Medicaid Residents: 39
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	46.8	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	45	95.7	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	37	78.7	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	100	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	66.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	25.5	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	29	61.7	39.5	39.1
Residents requiring restraints.	18	38.3	38.0	31.7
Confused or disoriented residents.	16	34.0	63.0	55.8
Residents with bed sores.	6	12.8	6.5	4.7
Residents receiving special skin care.	47	100	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VISTA GRANDE VILLA

Street Address:		City and State:	
2251 SPRINGPORT ROAD		JACKSON MI 49202	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	LOCAL GOVERNMENT	08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
58		2		4	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		58	100	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		54	93.1	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		54	93.1	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		52	89.7	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		52	89.7	69.9	68.2
Residents on individually written bowel and bladder retraining program.		1	1.7	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		22	37.9	38.0	37.7
Completely bedfast residents.		3	5.2	2.8	3.4
Residents confined to chairs.		4	6.9	53.3	50.8
Residents requiring restraints.		17	29.3	44.5	41.3
Confused or disoriented residents.		43	74.1	62.0	58.4
Residents with bed sores.		0	0.0	10.0	7.1
Residents receiving special skin care.		45	77.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ALAMO NURSING HOME

Street Address:		City and State:	
8290 WEST C AVENUE		KALAMAZOO MI 49009	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
95	1	75	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	87.4	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	93.7	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	80.0	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	67.4	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	60.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	3	3.2	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	36.8	38.0	37.7
Completely bedfast residents.	1	1.1	2.8	3.4
Residents confined to chairs.	53	55.8	53.3	50.8
Residents requiring restraints.	35	36.8	44.5	41.3
Confused or disoriented residents.	58	61.1	62.0	58.4
Residents with bed sores.	3	3.2	10.0	7.1
Residents receiving special skin care.	54	56.8	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BORGESS NURSING HOME

Street Address:		City and State:	
537 CHICAGO AVE		KALAMAZOO MI 49001	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	121	NON-PROFIT RELIGIOUS	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
120		1		81	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		110	91.7	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		104	86.7	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		86	71.7	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		86	71.7	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		63	52.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		86	71.7	38.0	37.7
Completely bedfast residents.		0	0.0	2.8	3.4
Residents confined to chairs.		70	58.3	53.3	50.8
Residents requiring restraints.		25	20.8	44.5	41.3
Confused or disoriented residents.		65	54.2	62.0	58.4
Residents with bed sores.		13	10.8	10.0	7.1
Residents receiving special skin care.		0	0.0	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROOKHAVEN CARE FACILITY

Street Address:		City and State:	
1701 OLMSTEAD		KALAMAZOO MI 49001	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	50	NON-PROFIT PRIVATE	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
46	0	40	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	56.5	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	34	73.9	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	31	67.4	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	69.6	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	56.5	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	34.8	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	23	50.0	39.5	39.1
Residents requiring restraints.	19	41.3	38.0	31.7
Confused or disoriented residents.	27	58.7	63.0	55.8
Residents with bed sores.	5	10.9	6.5	4.7
Residents receiving special skin care.	21	45.7	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRIENDSHIP VILLAGE

Street Address:		City and State:	
1400 NORTH DRAKE ROAD		KALAMAZOO MI 49007	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	57	NON-PROFIT OTHER	12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
54	0	2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	100	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	88.9	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	90.7	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	100	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	81.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	38.9	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	9	16.7	53.3	50.8
Residents requiring restraints.	27	50.0	44.5	41.3
Confused or disoriented residents.	36	66.7	62.0	58.4
Residents with bed sores.	3	5.6	10.0	7.1
Residents receiving special skin care.	21	38.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROVINCIAL HOUSE KALAMAZOO

Street Address: 1701 S 11TH ST		City and State: KALAMAZOO MI 49009	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 117	Type of Ownership: PROPRIETARY	Survey Date: 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	Medicare Residents: 0	Medicaid Residents: 67	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	97.3	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	85.0	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	71.7	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	81.4	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	71.7	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	33.6	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	72	63.7	53.3	50.8
Residents requiring restraints.	67	59.3	44.5	41.3
Confused or disoriented residents.	67	59.3	62.0	58.4
Residents with bed sores.	8	7.1	10.0	7.1
Residents receiving special skin care.	38	33.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROVINCIAL HOUSE TOT LVG CTR

Street Address: 2575 N DRAKE RD		City and State: KALAMAZOO MI 49001	
Participation: MEDICAID SNF	# of Beds: 117	Type of Ownership: PROPRIETARY	Survey Date: 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	Medicare Residents: 0	Medicaid Residents: 102	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	100	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	100	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	100	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	92.2	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	100	69.9	68.2
Residents on individually written bowel and bladder retraining program.	102	100	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	85	83.3	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	90	88.2	53.3	50.8
Residents requiring restraints.	1	1.0	44.5	41.3
Confused or disoriented residents.	102	100	62.0	58.4
Residents with bed sores.	1	1.0	10.0	7.1
Residents receiving special skin care.	32	31.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGEVIEW MANOR

Street Address: 3625 W MICHIGAN AVE		City and State: KALAMAZOO MI 49007	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 175	Medicare Residents: 3	Medicaid Residents: 130
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	131	74.9	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	146	83.4	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	136	77.7	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	77.1	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	130	74.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	14	8.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	28.0	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	124	70.9	53.3	50.8
Residents requiring restraints.	119	68.0	44.5	41.3
Confused or disoriented residents.	105	60.0	62.0	58.4
Residents with bed sores.	15	8.6	10.0	7.1
Residents receiving special skin care.	38	21.7	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UPJOHN COMM NURSING HOME

Street Address:		City and State:	
2400 PORTAGE STREET		KALAMAZOO MI 49001	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	130	NON-PROFIT PRIVATE	01/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
128	3	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	64.1	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	68.0	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	72.7	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	75.0	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	70.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	36.7	38.0	37.7
Completely bedfast residents.	9	7.0	2.8	3.4
Residents confined to chairs.	84	65.6	53.3	50.8
Residents requiring restraints.	100	78.1	44.5	41.3
Confused or disoriented residents.	78	60.9	62.0	58.4
Residents with bed sores.	10	7.8	10.0	7.1
Residents receiving special skin care.	10	7.8	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VERDRIES NURSING CENTER

Street Address:		City and State:	
1430 ALAMO AVE		KALAMAZOO MI 49007	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	140	PROPRIETARY	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
130	0	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	85.4	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	119	91.5	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	111	85.4	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	78.5	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	58.5	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	37.7	27.7	29.3
Completely bedfast residents.	7	5.4	1.3	3.6
Residents confined to chairs.	70	53.8	39.5	39.1
Residents requiring restraints.	41	31.5	38.0	31.7
Confused or disoriented residents.	80	61.5	63.0	55.8
Residents with bed sores.	11	8.5	6.5	4.7
Residents receiving special skin care.	37	28.5	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTBROOK MANOR

Street Address: 6203 W MICHIGAN		City and State: KALAMAZOO MI 49009	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 101	Type of Ownership: PROPRIETARY	Survey Date: 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	Medicare Residents: 0	Medicaid Residents: 68	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	75.3	80.9	81.5
Dressing Residents requiring some or total assistance in dressing.	59	72.8	85.2	83.2
Toileting Residents requiring some or total assistance in toileting.	60	74.1	76.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	61.7	77.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	60.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	11	13.6	3.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	23.5	38.0	37.7
Completely bedfast residents.	1	1.2	2.8	3.4
Residents confined to chairs.	49	60.5	53.3	50.8
Residents requiring restraints.	23	28.4	44.5	41.3
Confused or disoriented residents.	35	43.2	62.0	58.4
Residents with bed sores.	20	24.7	10.0	7.1
Residents receiving special skin care.	15	18.5	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KALKAKA MEM HEALTH CTR

Street Address: 419 S CORAL ST		City and State: KALKASKA MI 49646	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 8	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 8	Medicare Residents: 0	Medicaid Residents: 6	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	100	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	8	100	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	6	75.0	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	87.5	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	87.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	12.5	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	1	12.5	53.3	50.8
Residents requiring restraints.	0	0.0	44.5	41.3
Confused or disoriented residents.	3	37.5	62.0	58.4
Residents with bed sores.	0	0.0	10.0	7.1
Residents receiving special skin care.	8	100	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HURON WOODS NURS HOME

Street Address: 1395 S HURON RD		City and State: KAWKAWLIN MI 48631	
Participation: MEDICAID ICF	# of Beds: 51	Type of Ownership: PROPRIETARY	Survey Date: 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	Medicare Residents: 0	Medicaid Residents: 32	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	85.7	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	98.0	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	77.6	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	81.6	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	73.5	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	38.8	27.7	29.3
Completely bedfast residents.	6	12.2	1.3	3.6
Residents confined to chairs.	34	69.4	39.5	39.1
Residents requiring restraints.	28	57.1	38.0	31.7
Confused or disoriented residents.	31	63.3	63.0	55.8
Residents with bed sores.	1	2.0	6.5	4.7
Residents receiving special skin care.	1	2.0	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMERICANA HEALTHCARE CENTER

Street Address:		City and State:	
1225 WOODWARD AVENUE		KINGSFORD MI 49801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	107	PROPRIETARY	07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
102	0	56		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	79.4	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	73.5	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	88.2	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	90.2	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	89.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	61.8	38.0	37.7
Completely bedfast residents.	2	2.0	2.8	3.4
Residents confined to chairs.	36	35.3	53.3	50.8
Residents requiring restraints.	31	30.4	44.5	41.3
Confused or disoriented residents.	48	47.1	62.0	58.4
Residents with bed sores.	7	6.9	10.0	7.1
Residents receiving special skin care.	15	14.7	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

BARAGA COUNTY MEMORIAL HOSPITAL LTCU

Street Address:		City and State:	
770 NORTH MAIN STREET		L'ANSE MI 49946	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	28	NON-PROFIT OTHER	04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
28	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	53.6	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	21	75.0	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	13	46.4	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	46.4	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	53.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	25.0	38.0	37.7
Completely bedfast residents.	2	7.1	2.8	3.4
Residents confined to chairs.	13	46.4	53.3	50.8
Residents requiring restraints.	1	3.6	44.5	41.3
Confused or disoriented residents.	9	32.1	62.0	58.4
Residents with bed sores.	0	0.0	10.0	7.1
Residents receiving special skin care.	6	21.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

WINKLER NURSING HOME

Street Address:		City and State:	
833 SICOTTE STREET		L'ANSE MI 49946	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	59	PROPRIETARY	04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
59	0	53	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	72.9	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	81.4	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	69.5	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	71.2	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	66.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	22.0	38.0	37.7
Completely bedfast residents.	11	18.6	2.8	3.4
Residents confined to chairs.	32	54.2	53.3	50.8
Residents requiring restraints.	26	44.1	44.5	41.3
Confused or disoriented residents.	31	52.5	62.0	58.4
Residents with bed sores.	3	5.1	10.0	7.1
Residents receiving special skin care.	10	16.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KELSEY MEM HOSP-ECF

Street Address:		City and State:	
418 WASHINGTON AVE		LAKEVIEW MI 48850	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	42	NON-PROFIT PRIVATE	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
39	5	26	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	92.3	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	92.3	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	92.3	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	87.2	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	71.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	38.5	38.0	37.7
Completely bedfast residents.	2	5.1	2.8	3.4
Residents confined to chairs.	27	69.2	53.3	50.8
Residents requiring restraints.	15	38.5	44.5	41.3
Confused or disoriented residents.	15	38.5	62.0	58.4
Residents with bed sores.	2	5.1	10.0	7.1
Residents receiving special skin care.	6	15.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLENWOOD CHRISTIAN NURSING HOME

Street Address: 13030 44TH AVE		City and State: LAMONT MI 49430	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 66	Type of Ownership: PROPRIETARY	Survey Date: 03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	Medicare Residents: 1	Medicaid Residents: 42	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	78.5	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	92.3	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	81.5	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	83.1	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	75.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	44.6	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	42	64.6	53.3	50.8
Residents requiring restraints.	27	41.5	44.5	41.3
Confused or disoriented residents.	38	58.5	62.0	58.4
Residents with bed sores.	7	10.8	10.0	7.1
Residents receiving special skin care.	0	0.0	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

MARY AVENUE CARE CENTER

Street Address:		City and State:	
1313 MARY AVENUE		LANSING MI 48910	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	134	PROPRIETARY	05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
128	5	108		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	71.1	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	84.4	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	67.2	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	57.8	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	67.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	27.3	38.0	37.7
Completely bedfast residents.	4	3.1	2.8	3.4
Residents confined to chairs.	56	43.8	53.3	50.8
Residents requiring restraints.	53	41.4	44.5	41.3
Confused or disoriented residents.	93	72.7	62.0	58.4
Residents with bed sores.	14	10.9	10.0	7.1
Residents receiving special skin care.	9	7.0	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROVINCIAL HOUSE SOUTH

Street Address:		City and State:	
2100 PROVINCIAL DRIVE		LANSING MI 48910	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	2	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

100 84.7 80.9 81.5

Dressing

Residents requiring some or total assistance in dressing.

100 84.7 85.2 83.2

Toileting

Residents requiring some or total assistance in toileting.

105 89.0 76.7 73.8

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

108 91.5 77.7 77.2

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

80 67.8 69.9 68.2

Residents on individually written bowel and bladder retraining program.

2 1.7 3.5 4.6

Eating

Residents receiving tube feedings or requiring assistance with eating.

41 34.7 38.0 37.7

Completely bedfast residents.

4 3.4 2.8 3.4

Residents confined to chairs.

70 59.3 53.3 50.8

Residents requiring restraints.

35 29.7 44.5 41.3

Confused or disoriented residents.

40 33.9 62.0 58.4

Residents with bed sores.

15 12.7 10.0 7.1

Residents receiving special skin care.

65 55.1 32.7 31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROVINCIAL HOUSE WEST

Street Address:		City and State:	
731 STARKWEATHER DRIVE		LANSING MI 48917	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	117	PROPRIETARY	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
113	2	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	89.4	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	104	92.0	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	63.7	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	70.8	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	51.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	5	4.4	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	22.1	38.0	37.7
Completely bedfast residents.	6	5.3	2.8	3.4
Residents confined to chairs.	40	35.4	53.3	50.8
Residents requiring restraints.	43	38.1	44.5	41.3
Confused or disoriented residents.	72	63.7	62.0	58.4
Residents with bed sores.	6	5.3	10.0	7.1
Residents receiving special skin care.	9	8.0	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSELAWN MANOR

Street Address: 707 ARMSTRONG RD		City and State: LANSING MI 48910	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 234	Type of Ownership: PROPRIETARY	Survey Date: 05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 181		Medicare Residents: 3		Medicaid Residents: 151			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				129	71.3	80.9	81.5
Dressing							
Residents requiring some or total assistance in dressing.				163	90.1	85.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				152	84.0	76.7	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				155	85.6	77.7	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				143	79.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.				1	0.6	3.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				65	35.9	38.0	37.7
Completely bedfast residents.				2	1.1	2.8	3.4
Residents confined to chairs.				94	51.9	53.3	50.8
Residents requiring restraints.				100	55.2	44.5	41.3
Confused or disoriented residents.				128	70.7	62.0	58.4
Residents with bed sores.				11	6.1	10.0	7.1
Residents receiving special skin care.				77	42.5	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FERGUSON CONV HOME

Street Address:		City and State:	
239 S MAIN ST		LAPEER MI 48446	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	91	PROPRIETARY	12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
91	0	91		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	93.4	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	79	86.8	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	65	71.4	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	59.3	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	68.1	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	36.3	27.7	29.3
Completely bedfast residents.	8	8.8	1.3	3.6
Residents confined to chairs.	44	48.4	39.5	39.1
Residents requiring restraints.	35	38.5	38.0	31.7
Confused or disoriented residents.	52	57.1	63.0	55.8
Residents with bed sores.	10	11.0	6.5	4.7
Residents receiving special skin care.	42	46.2	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

LAPEER COUNTY MEDICAL CARE FACILITY

Street Address:		City and State:	
1455 SUNCREST DR		LAPEER MI 48446	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	162	LOCAL GOVERNMENT	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
162	2	130			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		133	82.1	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		143	88.3	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		139	85.8	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		138	85.2	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		109	67.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		65	40.1	38.0	37.7
Completely bedfast residents.		0	0.0	2.8	3.4
Residents confined to chairs.		89	54.9	53.3	50.8
Residents requiring restraints.		88	54.3	44.5	41.3
Confused or disoriented residents.		60	37.0	62.0	58.4
Residents with bed sores.		16	9.9	10.0	7.1
Residents receiving special skin care.		116	71.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKE VIEW COMMUNITY HOME

Street Address:		City and State:	
99 WALKER STREET		LAWTON MI 49065	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	FEDERAL GOVERNMENT	11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	20	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	97.5	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	104	87.4	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	73.9	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	73.9	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	63.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	39.5	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	0	0.0	53.3	50.8
Residents requiring restraints.	65	54.6	44.5	41.3
Confused or disoriented residents.	64	53.8	62.0	58.4
Residents with bed sores.	7	5.9	10.0	7.1
Residents receiving special skin care.	1	0.8	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LINCOLN HAVEN REST HOME

Street Address: 950 BARLOW ROAD		City and State: LINCOLN MI 48742	
Participation: MEDICAID ICF	# of Beds: 36	Type of Ownership: PROPRIETARY	Survey Date: 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	Medicare Residents: 0	Medicaid Residents: 24
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	91.7	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	86.1	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	31	86.1	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	80.6	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	88.9	63.2	59.1
Residents on individually written bowel and bladder retraining program.	1	2.8	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	50.0	27.7	29.3
Completely bedfast residents.	1	2.8	1.3	3.6
Residents confined to chairs.	22	61.1	39.5	39.1
Residents requiring restraints.	21	58.3	38.0	31.7
Confused or disoriented residents.	35	97.2	63.0	55.8
Residents with bed sores.	6	16.7	6.5	4.7
Residents receiving special skin care.	15	41.7	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STANMARIE

Street Address:		City and State:	
9051 SILVER LAKE RD		LINDEN MI 48451	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
53	0	47		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	67.9	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	5	9.4	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	35.8	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	71.7	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	84.9	63.2	59.1
Residents on individually written bowel and bladder retraining program.	50	94.3	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	41.5	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	10	18.9	39.5	39.1
Residents requiring restraints.	1	1.9	38.0	31.7
Confused or disoriented residents.	53	100	63.0	55.8
Residents with bed sores.	4	7.5	6.5	4.7
Residents receiving special skin care.	0	0.0	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LITCHFIELD MANOR CARE

Street Address: 527 MARSHALL RD		City and State: LITCHFIELD MI 49252	
Participation: MEDICAID ICF	# of Beds: 81	Type of Ownership: PROPRIETARY	Survey Date: 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	Medicare Residents: 0	Medicaid Residents: 54
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	64.8	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	47	66.2	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	53.5	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	53.5	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	50.7	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	18.3	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	22	31.0	39.5	39.1
Residents requiring restraints.	32	45.1	38.0	31.7
Confused or disoriented residents.	41	57.7	63.0	55.8
Residents with bed sores.	6	8.5	6.5	4.7
Residents receiving special skin care.	14	19.7	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAMELOT HALL CONVALESCENT CENTRE

Street Address:		City and State:	
35100 ANN ARBOR TRAIL		LIVONIA MI 48150	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	166	PROPRIETARY	01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
163	1	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	139	85.3	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	142	87.1	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	123	75.5	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	49.1	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	118	72.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	4	2.5	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	32.5	38.0	37.7
Completely bedfast residents.	10	6.1	2.8	3.4
Residents confined to chairs.	95	58.3	53.3	50.8
Residents requiring restraints.	72	44.2	44.5	41.3
Confused or disoriented residents.	124	76.1	62.0	58.4
Residents with bed sores.	40	24.5	10.0	7.1
Residents receiving special skin care.	90	55.2	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DORVIN CONV NURSING CTR

Street Address:		City and State:	
29270 MORLOCK		LIVONIA MI 48152	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	132	PROPRIETARY	10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
105	5	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

105 100 80.9 81.5

Dressing

Residents requiring some or total assistance in dressing.

100 95.2 85.2 83.2

Toileting

Residents requiring some or total assistance in toileting.

97 92.4 76.7 73.8

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

98 93.3 77.7 77.2

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

95 90.5 69.9 68.2

Residents on individually written bowel and bladder retraining program.

3 2.9 3.5 4.6

Eating

Residents receiving tube feedings or requiring assistance with eating.

45 42.9 38.0 37.7

Completely bedfast residents.

0 0.0 2.8 3.4

Residents confined to chairs.

74 70.5 53.3 50.8

Residents requiring restraints.

59 56.2 44.5 41.3

Confused or disoriented residents.

95 90.5 62.0 58.4

Residents with bed sores.

10 9.5 10.0 7.1

Residents receiving special skin care.

60 57.1 32.7 31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

LIVONIA CONV HOME

Street Address:		City and State:	
28910 PLYMOUTH RD		LIVONIA MI 48150	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	88	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
35	0	13	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	97.1	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	33	94.3	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	85.7	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	97.1	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	82.9	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	8.6	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	7	20.0	39.5	39.1
Residents requiring restraints.	9	25.7	38.0	31.7
Confused or disoriented residents.	31	88.6	63.0	55.8
Residents with bed sores.	4	11.4	6.5	4.7
Residents receiving special skin care.	35	100	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARYCREST MANOR

Street Address:		City and State:	
15475 MIDDLEBELT RD		LIVONIA MI 48154	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	55	NON-PROFIT OTHER	12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	55	100	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	100	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	83.6	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	76.4	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	76.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	32.7	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	40	72.7	53.3	50.8
Residents requiring restraints.	9	16.4	44.5	41.3
Confused or disoriented residents.	46	83.6	62.0	58.4
Residents with bed sores.	8	14.5	10.0	7.1
Residents receiving special skin care.	42	76.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MIDDLEBELT NURS CTR INC

Street Address:		City and State:	
14900 MIDDLEBELT RD		LIVONIA MI 48154	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	162	PROPRIETARY	08/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
150	0	32	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	100	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	134	89.3	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	118	78.7	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	80.0	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	66.7	63.2	59.1
Residents on individually written bowel and bladder retraining program.	9	6.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	25.3	27.7	29.3
Completely bedfast residents.	6	4.0	1.3	3.6
Residents confined to chairs.	81	54.0	39.5	39.1
Residents requiring restraints.	70	46.7	38.0	31.7
Confused or disoriented residents.	88	58.7	63.0	55.8
Residents with bed sores.	19	12.7	6.5	4.7
Residents receiving special skin care.	34	22.7	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JUDE CONVALESCENT CENTER

Street Address:		City and State:	
34350 ANN ARBOR TRAIL		LIVONIA MI 48150	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	64	PROPRIETARY	01/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
54	2	30			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		52	96.3	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		51	94.4	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		41	75.9	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		46	85.2	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		36	66.7	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		36	66.7	38.0	37.7
Completely bedfast residents.		0	0.0	2.8	3.4
Residents confined to chairs.		22	40.7	53.3	50.8
Residents requiring restraints.		15	27.8	44.5	41.3
Confused or disoriented residents.		23	42.6	62.0	58.4
Residents with bed sores.		8	14.8	10.0	7.1
Residents receiving special skin care.		12	22.2	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

UNIVERSITY CONV NURSING HOME

Street Address:		City and State:	
28550 FIVE MILE ROAD		LIVONIA MI 48154	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	184	PROPRIETARY	02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
161	11	41		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	128	79.5	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	146	90.7	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	125	77.6	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	81.4	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	116	72.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	36.6	38.0	37.7
Completely bedfast residents.	3	1.9	2.8	3.4
Residents confined to chairs.	94	58.4	53.3	50.8
Residents requiring restraints.	83	51.6	44.5	41.3
Confused or disoriented residents.	92	57.1	62.0	58.4
Residents with bed sores.	24	14.9	10.0	7.1
Residents receiving special skin care.	27	16.8	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LOWELL MEDICAL CARE CTR

Street Address:		City and State:	
350 N CENTER STREET		LOWELL MI 49331	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	153	PROPRIETARY	08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
149	1	118			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		96	64.4	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		122	81.9	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		101	67.8	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		110	73.8	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		106	71.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.		3	2.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		80	53.7	38.0	37.7
Completely bedfast residents.		3	2.0	2.8	3.4
Residents confined to chairs.		85	57.0	53.3	50.8
Residents requiring restraints.		64	43.0	44.5	41.3
Confused or disoriented residents.		110	73.8	62.0	58.4
Residents with bed sores.		16	10.7	10.0	7.1
Residents receiving special skin care.		52	34.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAYWOOD NSG HOME

Street Address:		City and State:	
1000 EAST TINKHAM AVENUE		LUDINGTON MI 49431	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	126	PROPRIETARY	12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
125		1		106	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		108	86.4	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		117	93.6	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		100	80.0	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		98	78.4	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		84	67.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.		2	1.6	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		44	35.2	38.0	37.7
Completely bedfast residents.		3	2.4	2.8	3.4
Residents confined to chairs.		74	59.2	53.3	50.8
Residents requiring restraints.		92	73.6	44.5	41.3
Confused or disoriented residents.		71	56.8	62.0	58.4
Residents with bed sores.		4	3.2	10.0	7.1
Residents receiving special skin care.		14	11.2	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAKVIEW MCF

Street Address: 1000 DIANA ST		City and State: LUDINGTON MI 49431	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 76	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 12/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73		Medicare Residents: 3		Medicaid Residents: 58	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		61	83.6	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		73	100	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		21	28.8	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		58	79.5	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		47	64.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.		2	2.7	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	37.0	38.0	37.7
Completely bedfast residents.		6	8.2	2.8	3.4
Residents confined to chairs.		39	53.4	53.3	50.8
Residents requiring restraints.		47	64.4	44.5	41.3
Confused or disoriented residents.		36	49.3	62.0	58.4
Residents with bed sores.		12	16.4	10.0	7.1
Residents receiving special skin care.		46	63.0	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAMBRIDGE NURS CENTE-EAST

Street Address:		City and State:	
31155 DEQUINDRE		MADISON HEIGHTS MI 48071	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
154	0	123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	154	100	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	131	85.1	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	68.2	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	65.6	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	107	69.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	33.1	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	83	53.9	53.3	50.8
Residents requiring restraints.	72	46.8	44.5	41.3
Confused or disoriented residents.	99	64.3	62.0	58.4
Residents with bed sores.	20	13.0	10.0	7.1
Residents receiving special skin care.	24	15.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANISTEE HGHTS CARE CTR

Street Address: 300 CARE CENTER DR		City and State: MANISTEE MI 49660	
Participation: MEDICAID ICF	# of Beds: 119	Type of Ownership: PROPRIETARY	Survey Date: 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	Medicare Residents: 0	Medicaid Residents: 91
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	84.9	78.4	78.3
Dressing Residents requiring some or total assistance in dressing.	79	74.5	80.0	76.7
Toileting Residents requiring some or total assistance in toileting.	57	53.8	68.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	54.7	72.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	60.4	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	19.8	27.7	29.3
Completely bedfast residents.	3	2.8	1.3	3.6
Residents confined to chairs.	27	25.5	39.5	39.1
Residents requiring restraints.	35	33.0	38.0	31.7
Confused or disoriented residents.	49	46.2	63.0	55.8
Residents with bed sores.	8	7.5	6.5	4.7
Residents receiving special skin care.	36	34.0	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANISTEE MEDICAL CARE FACILITY

Street Address:		City and State:	
1505 E PARKDALE ST		MANISTEE MI 49660	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	102	LOCAL GOVERNMENT	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
101	5	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	97.0	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	100	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	101	100	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	98.0	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	78.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	45.5	38.0	37.7
Completely bedfast residents.	8	7.9	2.8	3.4
Residents confined to chairs.	44	43.6	53.3	50.8
Residents requiring restraints.	70	69.3	44.5	41.3
Confused or disoriented residents.	81	80.2	62.0	58.4
Residents with bed sores.	8	7.9	10.0	7.1
Residents receiving special skin care.	10	9.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation", columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SCHOOLCRAFT MEDICAL CARE FACILITY

Street Address: 520 MAIN ST		City and State: MANISTIQUE MI 49854	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 75	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	Medicare Residents: 2	Medicaid Residents: 60
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	47	64.4	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	87.7	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	64.4	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	100	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	64.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	30.1	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	30	41.1	53.3	50.8
Residents requiring restraints.	35	47.9	44.5	41.3
Confused or disoriented residents.	50	68.5	62.0	58.4
Residents with bed sores.	12	16.4	10.0	7.1
Residents receiving special skin care.	12	16.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAPLE VALLEY NURSING HOME

Street Address: ROUTE #2 BOX 7		City and State: MAPLE CITY MI 49664	
Participation: MEDICAID ICF	# of Beds: 25	Type of Ownership: PROPRIETARY	Survey Date: 04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	Medicare Residents: 0	Medicaid Residents: 19		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	91.7	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	22	91.7	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	18	75.0	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	62.5	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	91.7	63.2	59.1
Residents on individually written bowel and bladder retraining program.	6	25.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	41.7	27.7	29.3
Completely bedfast residents.	8	33.3	1.3	3.6
Residents confined to chairs.	7	29.2	39.5	39.1
Residents requiring restraints.	13	54.2	38.0	31.7
Confused or disoriented residents.	15	62.5	63.0	55.8
Residents with bed sores.	2	8.3	6.5	4.7
Residents receiving special skin care.	0	0.0	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARLETTE COMM HOSP LTCU

Street Address: 2770 MAIN ST		City and State: MARLETTE MI 48453	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 43	Type of Ownership: NON-PROFIT OTHER	Survey Date: 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	Medicare Residents: 4	Medicaid Residents: 31	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	100	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	87.2	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	82.1	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	97.4	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	87.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	3	7.7	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	33.3	38.0	37.7
Completely bedfast residents.	3	7.7	2.8	3.4
Residents confined to chairs.	30	76.9	53.3	50.8
Residents requiring restraints.	30	76.9	44.5	41.3
Confused or disoriented residents.	29	74.4	62.0	58.4
Residents with bed sores.	12	30.8	10.0	7.1
Residents receiving special skin care.	9	23.1	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BIRCHWOOD NURSING CENTER

Street Address:		City and State:	
15140 16TH AVE		MARNE MI 49435	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	198	PROPRIETARY	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
179	0	124		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	149	83.2	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	28.5	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	22.3	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	20.7	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	17.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.	3	1.7	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	38.0	38.0	37.7
Completely bedfast residents.	3	1.7	2.8	3.4
Residents confined to chairs.	77	43.0	53.3	50.8
Residents requiring restraints.	95	53.1	44.5	41.3
Confused or disoriented residents.	131	73.2	62.0	58.4
Residents with bed sores.	17	9.5	10.0	7.1
Residents receiving special skin care.	36	20.1	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ACOCKS MEDICAL FACILITY

Street Address: ACOCKS DRIVE		City and State: MARQUETTE MI 49855	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 98	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	Medicare Residents: 2	Medicaid Residents: 94	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	3.1	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	99.0	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	94.9	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	94.9	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	94.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	27.6	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	92	93.9	53.3	50.8
Residents requiring restraints.	78	79.6	44.5	41.3
Confused or disoriented residents.	78	79.6	62.0	58.4
Residents with bed sores.	5	5.1	10.0	7.1
Residents receiving special skin care.	7	7.1	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORLITE NURSING CENTER

Street Address:		City and State:	
701 HOMESTEAD ST		MARQUETTE MI 49855	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
97		0		65	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		78	80.4	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		89	91.8	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		78	80.4	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		76	78.4	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		72	74.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		39	40.2	38.0	37.7
Completely bedfast residents.		11	11.3	2.8	3.4
Residents confined to chairs.		59	60.8	53.3	50.8
Residents requiring restraints.		41	42.3	44.5	41.3
Confused or disoriented residents.		63	64.9	62.0	58.4
Residents with bed sores.		1	1.0	10.0	7.1
Residents receiving special skin care.		48	49.5	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARSHALL MANOR

Street Address:		City and State:	
575 N MADISON		MARSHALL MI 49068	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	71	PROPRIETARY	03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
63		3		41	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		47	74.6	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		59	93.7	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		50	79.4	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		48	76.2	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		33	52.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		33	52.4	38.0	37.7
Completely bedfast residents.		3	4.8	2.8	3.4
Residents confined to chairs.		28	44.4	53.3	50.8
Residents requiring restraints.		28	44.4	44.5	41.3
Confused or disoriented residents.		49	77.8	62.0	58.4
Residents with bed sores.		6	9.5	10.0	7.1
Residents receiving special skin care.		5	7.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROVINCIAL HOUSE MARSHALL

Street Address: 879 E MICHIGAN		City and State: MARSHALL MI 49068	
Participation: MEDICAID ICF	# of Beds: 114	Type of Ownership: PROPRIETARY	Survey Date: 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	Medicare Residents: 0	Medicaid Residents: 77	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	89.9	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	73	67.0	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	68	62.4	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	57.8	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	53.2	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	22.0	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	20	18.3	39.5	39.1
Residents requiring restraints.	41	37.6	38.0	31.7
Confused or disoriented residents.	42	38.5	63.0	55.8
Residents with bed sores.	5	4.6	6.5	4.7
Residents receiving special skin care.	109	100	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FISHER CONVALESCENT HOME

Street Address: 521 OHMER ROAD M 24		City and State: MAYVILLE MI 48744	
Participation: MEDICAID ICF	# of Beds: 38	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	Medicare Residents: 0	Medicaid Residents: 33
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	81.6	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	29	76.3	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	50.0	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	92.1	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	44.7	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	13.2	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	3	7.9	39.5	39.1
Residents requiring restraints.	19	50.0	38.0	31.7
Confused or disoriented residents.	35	92.1	63.0	55.8
Residents with bed sores.	0	0.0	6.5	4.7
Residents receiving special skin care.	8	21.1	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AUTUMNWOOD OF MCBAIN

Street Address: 220 HUGHSTON STREET		City and State: MCBAIN MI 49657	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 75	Type of Ownership: PROPRIETARY	Survey Date: 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	Medicare Residents: 0	Medicaid Residents: 55
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	78.7	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	89.3	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	82.7	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	85.3	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	70.7	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	41.3	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	23	30.7	53.3	50.8
Residents requiring restraints.	40	53.3	44.5	41.3
Confused or disoriented residents.	47	62.7	62.0	58.4
Residents with bed sores.	1	1.3	10.0	7.1
Residents receiving special skin care.	37	49.3	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE APPLEWOOD MANOR

Street Address: ROUTE 3 BOX 2347		City and State: MCMILLAN MI 49853	
Participation: MEDICAID ICF	# of Beds: 30	Type of Ownership: PROPRIETARY	Survey Date: 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	Medicare Residents: 0	Medicaid Residents: 24
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	90.0	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	28	93.3	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	21	70.0	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	83.3	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	83.3	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	36.7	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	12	40.0	39.5	39.1
Residents requiring restraints.	15	50.0	38.0	31.7
Confused or disoriented residents.	19	63.3	63.0	55.8
Residents with bed sores.	2	6.7	6.5	4.7
Residents receiving special skin care.	9	30.0	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE GOOD SAMARITAN HOME

Street Address:		City and State:	
501 2ND ST		MENOMINEE MI 49858	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	32	NON-PROFIT OTHER	07/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
32	0	26		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	100	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	24	75.0	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	59.4	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	93.8	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	65.6	63.2	59.1
Residents on individually written bowel and bladder retraining program.	32	100	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	12.5	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	11	34.4	39.5	39.1
Residents requiring restraints.	9	28.1	38.0	31.7
Confused or disoriented residents.	18	56.3	63.0	55.8
Residents with bed sores.	1	3.1	6.5	4.7
Residents receiving special skin care.	13	40.6	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MIDLAND HOSP ASSN

Street Address: 4005 ORCHARD DR		City and State: MIDLAND MI 48640	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 48	Type of Ownership: NON-PROFIT OTHER	Survey Date: 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	Medicare Residents: 14	Medicaid Residents: 23
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	89.4	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	97.9	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	95.7	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	95.7	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	87.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	4	8.5	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	53.2	38.0	37.7
Completely bedfast residents.	3	6.4	2.8	3.4
Residents confined to chairs.	26	55.3	53.3	50.8
Residents requiring restraints.	18	38.3	44.5	41.3
Confused or disoriented residents.	31	66.0	62.0	58.4
Residents with bed sores.	6	12.8	10.0	7.1
Residents receiving special skin care.	6	12.8	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROVINCIAL HOUSE MIDLAND

Street Address:		City and State:	
4900 HEDGEWOOD DR		MIDLAND MI 48640	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
113	1	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	94.7	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	81.4	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	75.2	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	73.5	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	64.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	43.4	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	39	34.5	53.3	50.8
Residents requiring restraints.	74	65.5	44.5	41.3
Confused or disoriented residents.	79	69.9	62.0	58.4
Residents with bed sores.	8	7.1	10.0	7.1
Residents receiving special skin care.	25	22.1	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TOWN COUNTRY NH

Street Address:		City and State:	
3615 E ASHMAN ST		MIDLAND MI 48640	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	153	PROPRIETARY	03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
150		2		127			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION		
		#	%	%	%		
Bathing							
Residents requiring some or total assistance in bathing.		118	78.7	80.9	81.5		
Dressing							
Residents requiring some or total assistance in dressing.		110	73.3	85.2	83.2		
Toileting							
Residents requiring some or total assistance in toileting.		102	68.0	76.7	73.8		
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		93	62.0	77.7	77.2		
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.		111	74.0	69.9	68.2		
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6		
Eating							
Residents receiving tube feedings or requiring assistance with eating.		44	29.3	38.0	37.7		
Completely bedfast residents.		1	0.7	2.8	3.4		
Residents confined to chairs.		40	26.7	53.3	50.8		
Residents requiring restraints.		75	50.0	44.5	41.3		
Confused or disoriented residents.		105	70.0	62.0	58.4		
Residents with bed sores.		67	44.7	10.0	7.1		
Residents receiving special skin care.		13	8.7	32.7	31.2		

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

STRATFORD PINES NURSING HOME

Street Address:		City and State:	
2121 ROCKWELL DRIVE		MIDLAND MN 48640	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	64	NON-PROFIT OTHER	03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
64	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	96.9	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	54	84.4	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	48	75.0	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	76.6	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	60.9	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	32.8	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	29	45.3	39.5	39.1
Residents requiring restraints.	23	35.9	38.0	31.7
Confused or disoriented residents.	45	70.3	63.0	55.8
Residents with bed sores.	0	0.0	6.5	4.7
Residents receiving special skin care.	12	18.8	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEST HICKORY HAVEN

Street Address:		City and State:	
3310 WEST COMMERCE ROAD		MILFORD MI 48042	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	101	PROPRIETARY	07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
101	28	73			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		82	81.2	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		82	81.2	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		67	66.3	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		70	69.3	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		72	71.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.		13	12.9	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		22	21.8	38.0	37.7
Completely bedfast residents.		0	0.0	2.8	3.4
Residents confined to chairs.		71	70.3	53.3	50.8
Residents requiring restraints.		70	69.3	44.5	41.3
Confused or disoriented residents.		57	56.4	62.0	58.4
Residents with bed sores.		2	2.0	10.0	7.1
Residents receiving special skin care.		40	39.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHITEOAK MANOR NURSING CENTER

Street Address: 205207 11TH ST		City and State: MIO MI 48647	
Participation: MEDICAID ICF	# of Beds: 28	Type of Ownership: PROPRIETARY	Survey Date: 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	Medicare Residents: 0	Medicaid Residents: 23	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	92.3	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	21	80.8	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	14	53.8	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	38.5	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	65.4	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	23.1	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	9	34.6	39.5	39.1
Residents requiring restraints.	6	23.1	38.0	31.7
Confused or disoriented residents.	14	53.8	63.0	55.8
Residents with bed sores.	0	0.0	6.5	4.7
Residents receiving special skin care.	12	46.2	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEACH NURSING HOME

Street Address:		City and State:	
1215 N TELEGRAPH ROAD		MONROE MI 48161	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	192	PROPRIETARY	05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
180	1	121

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	142	78.9	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	134	74.4	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	138	76.7	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	150	83.3	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	142	78.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.	40	22.2	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	75	41.7	38.0	37.7
Completely bedfast residents.	1	0.6	2.8	3.4
Residents confined to chairs.	80	44.4	53.3	50.8
Residents requiring restraints.	0	0.0	44.5	41.3
Confused or disoriented residents.	100	55.6	62.0	58.4
Residents with bed sores.	9	5.0	10.0	7.1
Residents receiving special skin care.	80	44.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRENCHTOWN CONVALESCENT CENTER

Street Address: 3250 NORTH MONROE		City and State: MONROE MI 48161	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 229	Type of Ownership: PROPRIETARY	Survey Date: 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 210	Medicare Residents: 7	Medicaid Residents: 175	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	147	70.0	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	188	89.5	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	174	82.9	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	174	82.9	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	150	71.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	73	34.8	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	75	35.7	53.3	50.8
Residents requiring restraints.	73	34.8	44.5	41.3
Confused or disoriented residents.	161	76.7	62.0	58.4
Residents with bed sores.	5	2.4	10.0	7.1
Residents receiving special skin care.	46	21.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENBROOK MANOR

Street Address:		City and State:	
481 VILLAGE GREEN LANE		MONROE MI 48161	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	103	PROPRIETARY	05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
103	0	102	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	103	100	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	97.1	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	95.1	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	95.1	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	100	69.9	68.2
Residents on individually written bowel and bladder retraining program.	12	11.7	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	91	88.3	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	96	93.2	53.3	50.8
Residents requiring restraints.	12	11.7	44.5	41.3
Confused or disoriented residents.	103	100	62.0	58.4
Residents with bed sores.	2	1.9	10.0	7.1
Residents receiving special skin care.	5	4.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LUTHERAN HOME FOR AGED

Street Address: 1236 S MONROE ST		City and State: MONROE MI 48161	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 102	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101		Medicare Residents: 1		Medicaid Residents: 49			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				76	75.2	80.9	81.5
Dressing							
Residents requiring some or total assistance in dressing.				81	80.2	85.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				72	71.3	76.7	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				99	98.0	77.7	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				62	61.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	3.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				34	33.7	38.0	37.7
Completely bedfast residents.				3	3.0	2.8	3.4
Residents confined to chairs.				42	41.6	53.3	50.8
Residents requiring restraints.				41	40.6	44.5	41.3
Confused or disoriented residents.				48	47.5	62.0	58.4
Residents with bed sores.				6	5.9	10.0	7.1
Residents receiving special skin care.				14	13.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONROE CONV CENTER

Street Address: 120 MAPLE BLVD		City and State: MONROE MI 48161	
Participation: MEDICAID ICF	# of Beds: 70	Type of Ownership: PROPRIETARY	Survey Date: 05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	Medicare Residents: 0	Medicaid Residents: 53
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing Residents requiring some or total assistance in bathing.	49	70.0	78.4	78.3
Dressing Residents requiring some or total assistance in dressing.	65	92.9	80.0	76.7
Toileting Residents requiring some or total assistance in toileting.	45	64.3	68.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	98.6	72.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	62.9	63.2	59.1
 Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	20.0	27.7	29.3
 Completely bedfast residents.	0	0.0	1.3	3.6
 Residents confined to chairs.	35	50.0	39.5	39.1
 Residents requiring restraints.	26	37.1	38.0	31.7
 Confused or disoriented residents.	44	62.9	63.0	55.8
 Residents with bed sores.	2	2.9	6.5	4.7
 Residents receiving special skin care.	10	14.3	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

MARY JAMES NURSING HOME

Street Address:		City and State:	
13476 N DUFFIELD RD		MONTROSE MI 48457	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	63	PROPRIETARY	06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
62	62	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	85.5	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	90.3	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	67.7	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	66.1	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	77.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	43.5	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	39	62.9	53.3	50.8
Residents requiring restraints.	20	32.3	44.5	41.3
Confused or disoriented residents.	43	69.4	62.0	58.4
Residents with bed sores.	6	9.7	10.0	7.1
Residents receiving special skin care.	62	100	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONTROSE CONVALESCENT HOME

Street Address: 9317 W VIENNA RD		City and State: MONTROSE MI 48457	
Participation: MEDICAID ICF	# of Beds: 71	Type of Ownership: PROPRIETARY	Survey Date: 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	Medicare Residents: 0	Medicaid Residents: 56
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	67.6	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	64	90.1	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	51	71.8	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	67.6	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	67.6	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	36.6	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	43	60.6	39.5	39.1
Residents requiring restraints.	39	54.9	38.0	31.7
Confused or disoriented residents.	57	80.3	63.0	55.8
Residents with bed sores.	1	1.4	6.5	4.7
Residents receiving special skin care.	37	52.1	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHURCH OF CHRIST HEALTH CENTER

Street Address:		City and State:	
23575 15 MILE ROAD		MOUNT CLEMENS MI 48065	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	130	NON-PROFIT OTHER	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
127		0		89	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		98	77.2	78.4	78.3
Dressing					
Residents requiring some or total assistance in dressing.		106	83.5	80.0	76.7
Toileting					
Residents requiring some or total assistance in toileting.		95	74.8	68.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		106	83.5	72.9	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		81	63.8	63.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	9.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		45	35.4	27.7	29.3
Completely bedfast residents.		0	0.0	1.3	3.6
Residents confined to chairs.		105	82.7	39.5	39.1
Residents requiring restraints.		90	70.9	38.0	31.7
Confused or disoriented residents.		100	78.7	63.0	55.8
Residents with bed sores.		6	4.7	6.5	4.7
Residents receiving special skin care.		27	21.3	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLINTONAIRES NURSING CENTRE

Street Address: 17001 17 MILE RD		City and State: MOUNT CLEMENS MI 48044	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	Medicare Residents: 11	Medicaid Residents: 65	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	138	95.8	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	133	92.4	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	116	80.6	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	77.1	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	54.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	30.6	38.0	37.7
Completely bedfast residents.	2	1.4	2.8	3.4
Residents confined to chairs.	80	55.6	53.3	50.8
Residents requiring restraints.	61	42.4	44.5	41.3
Confused or disoriented residents.	87	60.4	62.0	58.4
Residents with bed sores.	29	20.1	10.0	7.1
Residents receiving special skin care.	44	30.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARTHA T BERRY MEDICAL CARE FACILITY

Street Address: 43533 ELIZABETH ROAD		City and State: MOUNT CLEMENS MI 48043	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 218	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
176	8	149			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		150	85.2	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		170	96.6	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		162	92.0	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		164	93.2	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		158	89.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.		4	2.3	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		103	58.5	38.0	37.7
Completely bedfast residents.		24	13.6	2.8	3.4
Residents confined to chairs.		140	79.5	53.3	50.8
Residents requiring restraints.		125	71.0	44.5	41.3
Confused or disoriented residents.		84	47.7	62.0	58.4
Residents with bed sores.		30	17.0	10.0	7.1
Residents receiving special skin care.		114	64.8	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ST JOSEPH'S LIVING CC CLINTON-EAST

Street Address:		City and State:	
37700 HARPER		MOUNT CLEMENS MI 48043	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	264	NON-PROFIT OTHER	03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
222	0	189	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

164 73.9 78.4 78.3

Dressing

Residents requiring some or total assistance in dressing.

186 83.8 80.0 76.7

Toileting

Residents requiring some or total assistance in toileting.

167 75.2 68.6 63.4

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

156 70.3 72.9 66.0

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

126 56.8 63.2 59.1

Residents on individually written bowel and bladder retraining program.

0 0.0 9.1 6.1

Eating

Residents receiving tube feedings or requiring assistance with eating.

65 29.3 27.7 29.3

Completely bedfast residents.

0 0.0 1.3 3.6

Residents confined to chairs.

119 53.6 39.5 39.1

Residents requiring restraints.

76 34.2 38.0 31.7

Confused or disoriented residents.

131 59.0 63.0 55.8

Residents with bed sores.

10 4.5 6.5 4.7

Residents receiving special skin care.

97 43.7 26.5 24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ISABELLA CO MEDICAL CARE FACILITY

Street Address:		City and State:	
1222 NORTH DR		MOUNT PLEASANT MI 48858	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	80	LOCAL GOVERNMENT	02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
77	11	57			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		71	92.2	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		74	96.1	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		74	96.1	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		73	94.8	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		68	88.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.		1	1.3	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		35	45.5	38.0	37.7
Completely bedfast residents.		5	6.5	2.8	3.4
Residents confined to chairs.		48	62.3	53.3	50.8
Residents requiring restraints.		60	77.9	44.5	41.3
Confused or disoriented residents.		55	71.4	62.0	58.4
Residents with bed sores.		10	13.0	10.0	7.1
Residents receiving special skin care.		36	46.8	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MT PLEASANT TOTAL LIVING CTR

Street Address: 1524 PORTABELLA RD		City and State: MOUNT PLEASANT MI 48858	
Participation: MEDICAID SNF/ICF	# of Beds: 117	Type of Ownership: PROPRIETARY	Survey Date: 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 19	Medicare Residents: 0	Medicaid Residents: 15
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

18 94.7 80.9 81.5

Dressing

Residents requiring some or total assistance in dressing.

15 78.9 85.2 83.2

Toileting

Residents requiring some or total assistance in toileting.

14 73.7 76.7 73.8

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

12 63.2 77.7 77.2

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

13 68.4 69.9 68.2

Residents on individually written bowel and bladder retraining program.

1 5.3 3.5 4.6

Eating

Residents receiving tube feedings or requiring assistance with eating.

2 10.5 38.0 37.7

Completely bedfast residents.

0 0.0 2.8 3.4

Residents confined to chairs.

13 68.4 53.3 50.8

Residents requiring restraints.

5 26.3 44.5 41.3

Confused or disoriented residents.

14 73.7 62.0 58.4

Residents with bed sores.

2 10.5 10.0 7.1

Residents receiving special skin care.

3 15.8 32.7 31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLEASANT MANOR INC

Street Address:		City and State:	
400 SOUTH CRAPO STREET		MOUNT PLEASANT MI 48858	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	112	PROPRIETARY	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
112	0	76		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	97.3	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	104	92.9	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	92	82.1	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	77.7	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	106	94.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	42.0	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	87	77.7	53.3	50.8
Residents requiring restraints.	2	1.8	44.5	41.3
Confused or disoriented residents.	94	83.9	62.0	58.4
Residents with bed sores.	5	4.5	10.0	7.1
Residents receiving special skin care.	22	19.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

MET	1	0.3	201	2.1
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The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.

MET	10	3.2	518	5.5
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Each resident is free from mental and physical abuse.

MET	2	0.6	168	1.8
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Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.

MET	8	2.6	806	8.5
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Each resident is given privacy during treatment and care of personal needs.

MET	6	1.9	1618	17.1
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Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.

MET	0	0.0	36	0.4
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Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.

MET	0	0.0	205	2.2
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Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.

MET	0	0.0	30	0.3
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The facility ensures that the health care of each resident is under the continuing supervision of a physician.

MET	0	0.0	145	1.5
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Emergency services from a physician are available and provided to each resident who requires emergency care.

MET	0	0.0	49	0.5
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Nursing services are provided at all times to meet the needs of residents.

MET	22	7.1	508	5.4
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Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.

MET	74	23.9	2816	29.8
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Each resident receives care necessary to prevent skin breakdown.

MET	39	12.6	1733	18.3
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Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.

MET	39	12.6	1052	11.1
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Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.

MET	41	13.2	1512	16.0
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Each resident with a urinary catheter receives proper routine care, including periodic evaluation.

MET	39	12.6	1665	17.6
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SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUPERIOR SHORES NURSING CTR

Street Address: 300 W CITY PARK DR		City and State: MUNISING MI 49862	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 106	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	Medicare Residents: 10	Medicaid Residents: 87
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	86.8	80.9	81.5
Dressing Residents requiring some or total assistance in dressing.	91	85.8	85.2	83.2
Toileting Residents requiring some or total assistance in toileting.	80	75.5	76.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	73.6	77.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	61.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	4	3.8	3.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	45.3	38.0	37.7
Completely bedfast residents.	1	0.9	2.8	3.4
Residents confined to chairs.	79	74.5	53.3	50.8
Residents requiring restraints.	54	50.9	44.5	41.3
Confused or disoriented residents.	62	58.5	62.0	58.4
Residents with bed sores.	8	7.5	10.0	7.1
Residents receiving special skin care.	26	24.5	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROOKHAVEN

Street Address:		City and State:	
1890 APPLE AVE		MUSKEGON MI 49442	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	218	LOCAL GOVERNMENT	04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
216	9	193		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	161	74.5	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	184	85.2	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	159	73.6	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	162	75.0	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	155	71.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	0.9	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	83	38.4	38.0	37.7
Completely bedfast residents.	7	3.2	2.8	3.4
Residents confined to chairs.	103	47.7	53.3	50.8
Residents requiring restraints.	123	56.9	44.5	41.3
Confused or disoriented residents.	120	55.6	62.0	58.4
Residents with bed sores.	29	13.4	10.0	7.1
Residents receiving special skin care.	83	38.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHRISTIAN CONV HOME

Street Address: 1275 KENNETH AVE		City and State: MUSKEGON MI 49447	
Participation: MEDICAID ICF	# of Beds: 49	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	Medicare Residents: 0	Medicaid Residents: 40
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

48 98.0 78.4 78.3

Dressing

Residents requiring some or total assistance in dressing.

40 81.6 80.0 76.7

Toileting

Residents requiring some or total assistance in toileting.

33 67.3 68.6 63.4

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

29 59.2 72.9 66.0

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

30 61.2 63.2 59.1

Residents on individually written bowel and bladder retraining program.

10 20.4 9.1 6.1

Eating

Residents receiving tube feedings or requiring assistance with eating.

15 30.6 27.7 29.3

Completely bedfast residents.

0 0.0 1.3 3.6

Residents confined to chairs.

14 28.6 39.5 39.1

Residents requiring restraints.

21 42.9 38.0 31.7

Confused or disoriented residents.

25 51.0 63.0 55.8

Residents with bed sores.

1 2.0 6.5 4.7

Residents receiving special skin care.

35 71.4 26.5 24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DEBOER NURS HMES

Street Address:		City and State:	
1684 VULCAN ST		MUSKEGON MI 49442	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
88	9	57		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	80.7	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	92.0	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	80.7	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	83.0	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	61.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	46.6	38.0	37.7
Completely bedfast residents.	14	15.9	2.8	3.4
Residents confined to chairs.	55	62.5	53.3	50.8
Residents requiring restraints.	47	53.4	44.5	41.3
Confused or disoriented residents.	30	34.1	62.0	58.4
Residents with bed sores.	7	8.0	10.0	7.1
Residents receiving special skin care.	41	46.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLCREST NURSING CENTRE

Street Address: 695 MITIZI ST		City and State: MUSKEGON MI 49445	
Participation: MEDICAID ICF	# of Beds: 63	Type of Ownership: NON-PROFIT OTHER	Survey Date: 03/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	Medicare Residents: 0	Medicaid Residents: 42	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	83.9	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	52	83.9	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	72.6	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	53.2	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	61.3	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	48.4	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	19	30.6	39.5	39.1
Residents requiring restraints.	25	40.3	38.0	31.7
Confused or disoriented residents.	43	69.4	63.0	55.8
Residents with bed sores.	4	6.5	6.5	4.7
Residents receiving special skin care.	6	9.7	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KNOLLVIEW MANOR

Street Address:		City and State:	
1061 WEST HACKLEY		MUSKEGON MI 49441	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	107	PROPRIETARY	12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
106	4	76			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	85	80.2	80.9	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	95	89.6	85.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	88	83.0	76.7	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	84.9	77.7	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	73	68.9	69.9	68.2	
Residents on individually written bowel and bladder retraining program.	6	5.7	3.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	48	45.3	38.0	37.7	
Completely bedfast residents.	2	1.9	2.8	3.4	
Residents confined to chairs.	81	76.4	53.3	50.8	
Residents requiring restraints.	70	66.0	44.5	41.3	
Confused or disoriented residents.	37	34.9	62.0	58.4	
Residents with bed sores.	11	10.4	10.0	7.1	
Residents receiving special skin care.	20	18.9	32.7	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK MANOR CARE CENTER

Street Address: 2333 JARMON		City and State: MUSKEGON MI 49444	
Participation: MEDICAID ICF	# of Beds: 27	Type of Ownership: PROPRIETARY	Survey Date: 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	Medicare Residents: 0	Medicaid Residents: 23
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	17	73.9	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	17	73.9	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	16	69.6	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	69.6	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	56.5	63.2	59.1
Residents on individually written bowel and bladder retraining program.	13	56.5	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	13.0	27.7	29.3
Completely bedfast residents.	1	4.3	1.3	3.6
Residents confined to chairs.	10	43.5	39.5	39.1
Residents requiring restraints.	11	47.8	38.0	31.7
Confused or disoriented residents.	13	56.5	63.0	55.8
Residents with bed sores.	2	8.7	6.5	4.7
Residents receiving special skin care.	4	17.4	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ROOSEVELT PARK NURSING CENTRE INC

Street Address:		City and State:	
1300 WEST BROADWAY AVE		MUSKEGON MI 49441	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	69	PROPRIETARY	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
64	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	92.2	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	60	93.8	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	48	75.0	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	62.5	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	75.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	76.6	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	36	56.3	39.5	39.1
Residents requiring restraints.	20	31.3	38.0	31.7
Confused or disoriented residents.	36	56.3	63.0	55.8
Residents with bed sores.	3	4.7	6.5	4.7
Residents receiving special skin care.	30	46.9	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHERMAN OAKS CARE CTR

Street Address:		City and State:	
1380 E SHERMAN BLVD		MUSKEGON MI 49444	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	98	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
96	2	84	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	80.2	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	85.4	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	77.1	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	68.8	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	60.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	33.3	38.0	37.7
Completely bedfast residents.	17	17.7	2.8	3.4
Residents confined to chairs.	54	56.3	53.3	50.8
Residents requiring restraints.	26	27.1	44.5	41.3
Confused or disoriented residents.	44	45.8	62.0	58.4
Residents with bed sores.	14	14.6	10.0	7.1
Residents receiving special skin care.	54	56.3	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	21	6.8	1123	11.9
NOT MET	29	9.4	2045	21.6
MET	33	10.6	1662	17.6
MET	66	21.3	2739	29.0
MET	7	2.3	1389	14.7
MET	8	2.6	587	6.2
MET	16	5.2	816	8.6
NOT MET	32	10.3	1099	11.6
MET	21	6.8	1270	13.4
MET	13	4.2	1216	12.9
MET	30	9.7	1041	11.0
MET	30	9.7	1413	14.9
NOT MET	22	7.1	1408	14.9
MET	40	12.9	2340	24.7
MET	10	3.2	700	7.4
NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNIVERSITY PARK CARE CENTER

Street Address:		City and State:	
570 HARVEY STREET		MUSKEGON MI 49442	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
96	0	88		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	82.3	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	91.7	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	84.4	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	84.4	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	81.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	12	12.5	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	56.3	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	20	20.8	53.3	50.8
Residents requiring restraints.	39	40.6	44.5	41.3
Confused or disoriented residents.	36	37.5	62.0	58.4
Residents with bed sores.	8	8.3	10.0	7.1
Residents receiving special skin care.	8	8.3	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

HELEN NEWBERRY JOY HOSP

Street Address:		City and State:	
502 W HARRIE ST		NEWBERRY MI 49868	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	31	NON-PROFIT OTHER	09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
31	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	74.2	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	24	77.4	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	71.0	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	67.7	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	74.2	63.2	59.1
Residents on individually written bowel and bladder retraining program.	11	35.5	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	32.3	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	12	38.7	39.5	39.1
Residents requiring restraints.	16	51.6	38.0	31.7
Confused or disoriented residents.	20	64.5	63.0	55.8
Residents with bed sores.	21	67.7	6.5	4.7
Residents receiving special skin care.	7	22.6	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK GROVE MANOR

Street Address: 1217 STATE LINE RD		City and State: NILES MI 49120	
Participation: MEDICAID ICF	# of Beds: 15	Type of Ownership: PROPRIETARY	Survey Date: 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 12	Medicare Residents: 0	Medicaid Residents: 12
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	66.7	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	8	66.7	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	8	66.7	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	50.0	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	75.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	33.3	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	2	16.7	39.5	39.1
Residents requiring restraints.	0	0.0	38.0	31.7
Confused or disoriented residents.	7	58.3	63.0	55.8
Residents with bed sores.	0	0.0	6.5	4.7
Residents receiving special skin care.	6	50.0	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERIDGE MANOR

Street Address:		City and State:	
1333 WELLS ST		NILES MI 49120	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	84	PROPRIETARY	06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
81	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	80.2	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	65	80.2	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	51	63.0	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	75.3	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	65.4	63.2	59.1
Residents on individually written bowel and bladder retraining program.	2	2.5	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	30.9	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	62	76.5	39.5	39.1
Residents requiring restraints.	37	45.7	38.0	31.7
Confused or disoriented residents.	47	58.0	63.0	55.8
Residents with bed sores.	1	1.2	6.5	4.7
Residents receiving special skin care.	17	21.0	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SILVERBROOK MANOR

Street Address:		City and State:	
911 S 3RD ST PO BOX 417		NILES MI 49120	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
97	0	76		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	87.6	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	95.9	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	90.7	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	97.9	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	68.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	51.5	38.0	37.7
Completely bedfast residents.	9	9.3	2.8	3.4
Residents confined to chairs.	76	78.4	53.3	50.8
Residents requiring restraints.	52	53.6	44.5	41.3
Confused or disoriented residents.	62	63.9	62.0	58.4
Residents with bed sores.	7	7.2	10.0	7.1
Residents receiving special skin care.	9	9.3	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODFIELD MANOR INC

Street Address: 1211 STATE LINE RD		City and State: NILES MI 49120	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 89	Type of Ownership: PROPRIETARY	Survey Date: 06/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	Medicare Residents: 4	Medicaid Residents: 60	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	78.3	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	84.3	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	74.7	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	74.7	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	63.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	33.7	38.0	37.7
Completely bedfast residents.	2	2.4	2.8	3.4
Residents confined to chairs.	47	56.6	53.3	50.8
Residents requiring restraints.	37	44.6	44.5	41.3
Confused or disoriented residents.	60	72.3	62.0	58.4
Residents with bed sores.	7	8.4	10.0	7.1
Residents receiving special skin care.	10	12.0	32.7	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEELANAU MEMORIAL HOSP SNF

Street Address:		City and State:	
215 S HIGH STREET		NORTHPORT MI 49670	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	61	NON-PROFIT OTHER	04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
56	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	75.0	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	73.2	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	67.9	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	67.9	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	69.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	37.5	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	0	0.0	53.3	50.8
Residents requiring restraints.	0	0.0	44.5	41.3
Confused or disoriented residents.	0	0.0	62.0	58.4
Residents with bed sores.	0	0.0	10.0	7.1
Residents receiving special skin care.	0	0.0	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STAR MANOR OF NORTHVILLE

Street Address: 520 W MAIN ST		City and State: NORTHVILLE MI 48167	
Participation: MEDICAID ICF	# of Beds: 37	Type of Ownership: NON-PROFIT OTHER	Survey Date: 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	Medicare Residents: 0	Medicaid Residents: 13		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	97.1	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	33	94.3	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	85.7	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	97.1	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	82.9	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	8.6	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	7	20.0	39.5	39.1
Residents requiring restraints.	9	25.7	38.0	31.7
Confused or disoriented residents.	31	88.6	63.0	55.8
Residents with bed sores.	4	11.4	6.5	4.7
Residents receiving special skin care.	35	100	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NOVI CARE CENTER

Street Address:		City and State:	
24500 MEADOWBROOK		NOVI MI 48050	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	144	PROPRIETARY	03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
121	0	109			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		118	97.5	78.4	78.3
Dressing					
Residents requiring some or total assistance in dressing.		97	80.2	80.0	76.7
Toileting					
Residents requiring some or total assistance in toileting.		84	69.4	68.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		97	80.2	72.9	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		79	65.3	63.2	59.1
Residents on individually written bowel and bladder retraining program.		10	8.3	9.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		19	15.7	27.7	29.3
Completely bedfast residents.		1	0.8	1.3	3.6
Residents confined to chairs.		49	40.5	39.5	39.1
Residents requiring restraints.		61	50.4	38.0	31.7
Confused or disoriented residents.		62	51.2	63.0	55.8
Residents with bed sores.		12	9.9	6.5	4.7
Residents receiving special skin care.		9	7.4	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHITEHALL CONV HOME

Street Address: 43455 W 10 MILE RD		City and State: NOVI MI 48050	
Participation: MEDICAID ICF	# of Beds: 82	Type of Ownership: PROPRIETARY	Survey Date: 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	Medicare Residents: 0	Medicaid Residents: 22
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	88.3	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	65	84.4	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	58	75.3	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	80.5	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	80.5	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	41.6	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	37	48.1	39.5	39.1
Residents requiring restraints.	43	55.8	38.0	31.7
Confused or disoriented residents.	54	70.1	63.0	55.8
Residents with bed sores.	0	0.0	6.5	4.7
Residents receiving special skin care.	14	18.2	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

INGHAM COUNTY MEDICAL CARE FACILITY

Street Address:		City and State:	
3860 DOBIE RD		OKEMOS MI 48864	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	204	LOCAL GOVERNMENT	05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
204	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	168	82.4	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	186	91.2	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	175	85.8	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	168	82.4	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	154	75.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	79	38.7	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	155	76.0	53.3	50.8
Residents requiring restraints.	101	49.5	44.5	41.3
Confused or disoriented residents.	142	69.6	62.0	58.4
Residents with bed sores.	7	3.4	10.0	7.1
Residents receiving special skin care.	111	54.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAPLE MANOR NURSING CTR

Street Address: 102 2ND ST		City and State: ONTONAGON MI 49953	
Participation: MEDICAID ICF	# of Beds: 64	Type of Ownership: PROPRIETARY	Survey Date: 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63		Medicare Residents: 0		Medicaid Residents: 51			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				49	77.8	78.4	78.3
Dressing							
Residents requiring some or total assistance in dressing.				42	66.7	80.0	76.7
Toileting							
Residents requiring some or total assistance in toileting.				44	69.8	68.6	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				51	81.0	72.9	66.0
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				30	47.6	63.2	59.1
Residents on individually written bowel and bladder retraining program.				0	0.0	9.1	6.1
Eating							
Residents receiving tube feedings or requiring assistance with eating.				7	11.1	27.7	29.3
Completely bedfast residents.				0	0.0	1.3	3.6
Residents confined to chairs.				25	39.7	39.5	39.1
Residents requiring restraints.				8	12.7	38.0	31.7
Confused or disoriented residents.				28	44.4	63.0	55.8
Residents with bed sores.				0	0.0	6.5	4.7
Residents receiving special skin care.				8	12.7	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ONTONAGON MEMORIAL HOSPITAL LTCU

Street Address:		City and State:	
601 SEVENTH ST		ONTONAGON MI 49953	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	46	LOCAL GOVERNMENT	04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
45		7		28	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		39	86.7	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		43	95.6	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		40	88.9	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		42	93.3	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		29	64.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		45	100	38.0	37.7
Completely bedfast residents.		4	8.9	2.8	3.4
Residents confined to chairs.		37	82.2	53.3	50.8
Residents requiring restraints.		23	51.1	44.5	41.3
Confused or disoriented residents.		28	62.2	62.0	58.4
Residents with bed sores.		12	26.7	10.0	7.1
Residents receiving special skin care.		25	55.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ORTONVILLE N H

Street Address:		City and State:	
330 SHERMAN COURT		ORTONVILLE MI 48462	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	51	PROPRIETARY	07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
50		0		50	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		38	76.0	78.4	78.3
Dressing					
Residents requiring some or total assistance in dressing.		41	82.0	80.0	76.7
Toileting					
Residents requiring some or total assistance in toileting.		33	66.0	68.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		36	72.0	72.9	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		34	68.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	9.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		17	34.0	27.7	29.3
Completely bedfast residents.		1	2.0	1.3	3.6
Residents confined to chairs.		30	60.0	39.5	39.1
Residents requiring restraints.		26	52.0	38.0	31.7
Confused or disoriented residents.		33	66.0	63.0	55.8
Residents with bed sores.		1	2.0	6.5	4.7
Residents receiving special skin care.		11	22.0	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OVID CONV MANOR

Street Address: 9480 M-21 WEST		City and State: OVID MI 48866	
Participation: MEDICAID ICF	# of Beds: 63	Type of Ownership: PROPRIETARY	Survey Date: 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62		Medicare Residents: 0		Medicaid Residents: 40	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		59	95.2	78.4	78.3
Dressing					
Residents requiring some or total assistance in dressing.		61	98.4	80.0	76.7
Toileting					
Residents requiring some or total assistance in toileting.		54	87.1	68.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		49	79.0	72.9	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		52	83.9	63.2	59.1
Residents on individually written bowel and bladder retraining program.		4	6.5	9.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		15	24.2	27.7	29.3
Completely bedfast residents.		0	0.0	1.3	3.6
Residents confined to chairs.		14	22.6	39.5	39.1
Residents requiring restraints.		46	74.2	38.0	31.7
Confused or disoriented residents.		55	88.7	63.0	55.8
Residents with bed sores.		5	8.1	6.5	4.7
Residents receiving special skin care.		16	25.8	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FULTON MEDICAL CARE CENTER

Street Address: 4735 RANGER ROAD		City and State: PERRINTON MI 48871	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 50	Type of Ownership: PROPRIETARY	Survey Date: 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	Medicare Residents: 0	Medicaid Residents: 27	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	88.0	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	96.0	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	76.0	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	86.0	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	88.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	34.0	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	10	20.0	53.3	50.8
Residents requiring restraints.	25	50.0	44.5	41.3
Confused or disoriented residents.	31	62.0	62.0	58.4
Residents with bed sores.	4	8.0	10.0	7.1
Residents receiving special skin care.	22	44.0	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

BORTZ HEALTH CARE OF PETOSKEY

Street Address:		City and State:	
1500 SPRING STREET		PETOSKEY MI 49770	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
116	10	106		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	58.6	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	84.5	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	72.4	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	72.4	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	58.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	5	4.3	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	25.0	38.0	37.7
Completely bedfast residents.	2	1.7	2.8	3.4
Residents confined to chairs.	73	62.9	53.3	50.8
Residents requiring restraints.	32	27.6	44.5	41.3
Confused or disoriented residents.	81	69.8	62.0	58.4
Residents with bed sores.	10	8.6	10.0	7.1
Residents receiving special skin care.	45	38.8	32.7	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SCHEURER HOSPITAL

Street Address:		City and State:	
170 NORTH CASEVILLE RD		PIGEON MI 48755	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	19	NON-PROFIT OTHER	04/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
19	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	94.7	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	18	94.7	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	13	68.4	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	63.2	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	52.6	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	52.6	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	9	47.4	39.5	39.1
Residents requiring restraints.	7	36.8	38.0	31.7
Confused or disoriented residents.	17	89.5	63.0	55.8
Residents with bed sores.	0	0.0	6.5	4.7
Residents receiving special skin care.	2	10.5	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY MANOR CONV CTR

Street Address:		City and State:	
3260 E B AVE		PLAINWELL MI 49080	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	58	PROPRIETARY	01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
44	0	38		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	52.3	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	27	61.4	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	23	52.3	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	43.2	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	54.5	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	29.5	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	10	22.7	39.5	39.1
Residents requiring restraints.	14	31.8	38.0	31.7
Confused or disoriented residents.	29	65.9	63.0	55.8
Residents with bed sores.	0	0.0	6.5	4.7
Residents receiving special skin care.	8	18.2	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRIDGEWOOD CARE CENTER

Street Address:		City and State:	
320 BRIGHAM ST PO BOX 278		PLAINWELL MI 49080	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	124	NON-PROFIT PRIVATE	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
112	0	93			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		76	67.9	78.4	78.3
Dressing					
Residents requiring some or total assistance in dressing.		90	80.4	80.0	76.7
Toileting					
Residents requiring some or total assistance in toileting.		89	79.5	68.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		84	75.0	72.9	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		67	59.8	63.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	9.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	24.1	27.7	29.3
Completely bedfast residents.		0	0.0	1.3	3.6
Residents confined to chairs.		46	41.1	39.5	39.1
Residents requiring restraints.		53	47.3	38.0	31.7
Confused or disoriented residents.		55	49.1	63.0	55.8
Residents with bed sores.		7	6.3	6.5	4.7
Residents receiving special skin care.		8	7.1	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLYMOUTH COURT

Street Address:		City and State:	
105 HAGGERTY RD		PLYMOUTH MI 48170	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	129	PROPRIETARY	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
85	12	0	•

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	100	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	95.3	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	78.8	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	74.1	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	70.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	36.5	38.0	37.7
Completely bedfast residents.	3	3.5	2.8	3.4
Residents confined to chairs.	57	67.1	53.3	50.8
Residents requiring restraints.	38	44.7	44.5	41.3
Confused or disoriented residents.	47	55.3	62.0	58.4
Residents with bed sores.	10	11.8	10.0	7.1
Residents receiving special skin care.	39	45.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	1	0.3	201	2.1
MET	10	3.2	518	5.5
MET	2	0.6	168	1.8
MET	8	2.6	806	8.5
MET	6	1.9	1618	17.1
MET	0	0.0	36	0.4
MET	0	0.0	205	2.2
MET	0	0.0	30	0.3
MET	0	0.0	145	1.5
MET	0	0.0	49	0.5
MET	22	7.1	508	5.4
MET	74	23.9	2816	29.8
MET	39	12.6	1733	18.3
MET	39	12.6	1052	11.1
MET	41	13.2	1512	16.0
MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEST TRAIL NURSING HOME

Street Address:		City and State:	
395 W ANN ARBOR TRAIL		PLYMOUTH MI 48170	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	46	PROPRIETARY	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
43	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	72.1	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	88.4	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	83.7	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	83.7	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	88.4	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	32.6	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	33	76.7	39.5	39.1
Residents requiring restraints.	25	58.1	38.0	31.7
Confused or disoriented residents.	41	95.3	63.0	55.8
Residents with bed sores.	11	25.6	6.5	4.7
Residents receiving special skin care.	11	25.6	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LOURDES

Street Address:		City and State:	
2300 WATKINS LAKE RD		PONTIAC MI 48054	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	108	NON-PROFIT RELIGIOUS	03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
106	1	27	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	93.4	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	96.2	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	85.8	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	85.8	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	85.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	55.7	38.0	37.7
Completely bedfast residents.	7	6.6	2.8	3.4
Residents confined to chairs.	69	65.1	53.3	50.8
Residents requiring restraints.	63	59.4	44.5	41.3
Confused or disoriented residents.	86	81.1	62.0	58.4
Residents with bed sores.	4	3.8	10.0	7.1
Residents receiving special skin care.	58	54.7	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAKLAND CTY MEDICAL CARE FACILITY

Street Address: 2200 NORTH TELEGRAPH RD		City and State: PONTIAC MI 48053	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 15	Medicaid Residents: 75	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	100	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	100	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	120	100	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	100	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	119	99.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	106	88.3	38.0	37.7
Completely bedfast residents.	5	4.2	2.8	3.4
Residents confined to chairs.	111	92.5	53.3	50.8
Residents requiring restraints.	37	30.8	44.5	41.3
Confused or disoriented residents.	116	96.7	62.0	58.4
Residents with bed sores.	33	27.5	10.0	7.1
Residents receiving special skin care.	120	100	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAKLAND GERIATRIC VILLAGE

Street Address:		City and State:	
1255 WEST SILVERBELL		PONTIAC MI 48057	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	106	PROPRIETARY	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	84.5	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	89.7	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	80.4	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	82.5	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	83.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	27.8	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	79	81.4	53.3	50.8
Residents requiring restraints.	64	66.0	44.5	41.3
Confused or disoriented residents.	75	77.3	62.0	58.4
Residents with bed sores.	9	9.3	10.0	7.1
Residents receiving special skin care.	10	10.3	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PONTIAC NURSING CTR

Street Address:		City and State:	
532 ORCHARD LAKE AVE		PONTIAC MI 48053	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	360	PROPRIETARY	10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
310	0	297		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	236	76.1	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	221	71.3	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	210	67.7	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	201	64.8	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	230	74.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	46	14.8	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	20.6	38.0	37.7
Completely bedfast residents.	22	7.1	2.8	3.4
Residents confined to chairs.	147	47.4	53.3	50.8
Residents requiring restraints.	89	28.7	44.5	41.3
Confused or disoriented residents.	207	66.8	62.0	58.4
Residents with bed sores.	63	20.3	10.0	7.1
Residents receiving special skin care.	79	25.5	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

EVANGELICAL HOME PORT HURON

Street Address:		City and State:	
5635 LAKESHORE		PORT HURON MI 48060	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	132	NON-PROFIT RELIGIOUS	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
130	2	80	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	126	96.9	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	115	88.5	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	83.1	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	83.1	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	74.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	35.4	38.0	37.7
Completely bedfast residents.	3	2.3	2.8	3.4
Residents confined to chairs.	67	51.5	53.3	50.8
Residents requiring restraints.	80	61.5	44.5	41.3
Confused or disoriented residents.	101	77.7	62.0	58.4
Residents with bed sores.	9	6.9	10.0	7.1
Residents receiving special skin care.	68	52.3	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARWOOD MANOR INC

Street Address: 1300 BEARD ST		City and State: PORT HURON MI 48060	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 252	Type of Ownership: NON-PROFIT OTHER	Survey Date: 04/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 233	Medicare Residents: 7	Medicaid Residents: 151
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	217	93.1	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	207	88.8	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	200	85.8	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	198	85.0	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	184	79.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.4	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	101	43.3	38.0	37.7
Completely bedfast residents.	9	3.9	2.8	3.4
Residents confined to chairs.	139	59.7	53.3	50.8
Residents requiring restraints.	146	62.7	44.5	41.3
Confused or disoriented residents.	139	59.7	62.0	58.4
Residents with bed sores.	19	8.2	10.0	7.1
Residents receiving special skin care.	83	35.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROVINCIAL HOUSE OF PORTAGE

Street Address:		City and State:	
7855 CURRIER DR		PORTAGE MI 49002	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	75.9	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	77.6	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	75.9	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	69.0	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	60.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	11	9.5	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	30.2	38.0	37.7
Completely bedfast residents.	3	2.6	2.8	3.4
Residents confined to chairs.	80	69.0	53.3	50.8
Residents requiring restraints.	44	37.9	44.5	41.3
Confused or disoriented residents.	60	51.7	62.0	58.4
Residents with bed sores.	14	12.1	10.0	7.1
Residents receiving special skin care.	21	18.1	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINECREST MEDICAL CARE FACILITY

Street Address: P.O. BOX 603		City and State: POWERS MI 49874	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 08/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	Medicare Residents: 6	Medicaid Residents: 139
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	152	98.1	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	154	99.4	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	128	82.6	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	81.9	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	126	81.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	40.6	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	59	38.1	53.3	50.8
Residents requiring restraints.	74	47.7	44.5	41.3
Confused or disoriented residents.	102	65.8	62.0	58.4
Residents with bed sores.	7	4.5	10.0	7.1
Residents receiving special skin care.	74	47.7	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAMBRIDGE NURSING CENTRE

Street Address:		City and State:	
18633 BEECH DALY RD		REDFORD MI 48240	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	121	PROPRIETARY	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	4	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	79.5	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	79.5	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	81.2	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	94.0	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	70.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	38.5	38.0	37.7
Completely bedfast residents.	1	0.9	2.8	3.4
Residents confined to chairs.	82	70.1	53.3	50.8
Residents requiring restraints.	65	55.6	44.5	41.3
Confused or disoriented residents.	87	74.4	62.0	58.4
Residents with bed sores.	9	7.7	10.0	7.1
Residents receiving special skin care.	18	15.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REED CITY HOSPITAL LTCU

Street Address:		City and State:	
7665 PATTERSON RD		REED CITY MI 49677	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	54	LOCAL GOVERNMENT	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
54	4	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	83.3	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	98.1	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	94.4	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	94.4	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	77.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	48.1	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	48	88.9	53.3	50.8
Residents requiring restraints.	12	22.2	44.5	41.3
Confused or disoriented residents.	30	55.6	62.0	58.4
Residents with bed sores.	9	16.7	10.0	7.1
Residents receiving special skin care.	24	44.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDILODGE OF RICHMOND

Street Address:		City and State:	
34901 DIVISION RD		RICHMOND MI 48062	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	126	PROPRIETARY	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
118	0	78		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	85.6	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	97	82.2	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	80	67.8	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	66.9	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	70.3	63.2	59.1
Residents on individually written bowel and bladder retraining program.	46	39.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	26.3	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	84	71.2	39.5	39.1
Residents requiring restraints.	66	55.9	38.0	31.7
Confused or disoriented residents.	86	72.9	63.0	55.8
Residents with bed sores.	12	10.2	6.5	4.7
Residents receiving special skin care.	18	15.3	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARIAN MANOR MEDICAL CENTER

Street Address: 18591 QUARRY ROAD		City and State: RIVERVIEW MI 48192	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 140	Type of Ownership: PROPRIETARY	Survey Date: 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	Medicare Residents: 5	Medicaid Residents: 42
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing Residents requiring some or total assistance in bathing.	64	87.7	80.9	81.5
Dressing Residents requiring some or total assistance in dressing.	67	91.8	85.2	83.2
Toileting Residents requiring some or total assistance in toileting.	62	84.9	76.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	89.0	77.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	79.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	54.8	38.0	37.7
Completely bedfast residents.	8	11.0	2.8	3.4
Residents confined to chairs.	38	52.1	53.3	50.8
Residents requiring restraints.	42	57.5	44.5	41.3
Confused or disoriented residents.	14	19.2	62.0	58.4
Residents with bed sores.	29	39.7	10.0	7.1
Residents receiving special skin care.	40	54.8	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERGATE CONV CENTER

Street Address:		City and State:	
14041 PENNSYLVANIA RD		RIVERVIEW MI 48192	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	223	PROPRIETARY	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
202	18	154			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		185	91.6	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		168	83.2	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		89	44.1	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		131	64.9	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		137	67.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		65	32.2	38.0	37.7
Completely bedfast residents.		12	5.9	2.8	3.4
Residents confined to chairs.		152	75.2	53.3	50.8
Residents requiring restraints.		111	55.0	44.5	41.3
Confused or disoriented residents.		119	58.9	62.0	58.4
Residents with bed sores.		56	27.7	10.0	7.1
Residents receiving special skin care.		88	43.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERGATE TERRACE

Street Address:		City and State:	
14141 PENNSYLVANIA ROAD		RIVERVIEW MI 48192	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	290	PROPRIETARY	12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
280	0	242	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	264	94.3	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	206	73.6	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	158	56.4	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	157	56.1	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	149	53.2	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	82	29.3	27.7	29.3
Completely bedfast residents.	1	0.4	1.3	3.6
Residents confined to chairs.	104	37.1	39.5	39.1
Residents requiring restraints.	75	26.8	38.0	31.7
Confused or disoriented residents.	159	56.8	63.0	55.8
Residents with bed sores.	28	10.0	6.5	4.7
Residents receiving special skin care.	27	9.6	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AVONDALE CONV CTR

Street Address:		City and State:	
1480 WALTON BLVD		ROCHESTER MI 48063	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	166	PROPRIETARY	01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
165	6	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	135	81.8	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	146	88.5	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	136	82.4	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	77.0	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	57.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	33.3	38.0	37.7
Completely bedfast residents.	5	3.0	2.8	3.4
Residents confined to chairs.	81	49.1	53.3	50.8
Residents requiring restraints.	148	89.7	44.5	41.3
Confused or disoriented residents.	93	56.4	62.0	58.4
Residents with bed sores.	25	15.2	10.0	7.1
Residents receiving special skin care.	32	19.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROGERS CITY HOSPITAL LTCU

Street Address: 555 N BRADLEY		City and State: ROGERS CITY MI 49779	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 49	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
46	0	36			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		34	73.9	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		40	87.0	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		32	69.6	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		34	73.9	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		33	71.7	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		13	28.3	38.0	37.7
Completely bedfast residents.		1	2.2	2.8	3.4
Residents confined to chairs.		30	65.2	53.3	50.8
Residents requiring restraints.		21	45.7	44.5	41.3
Confused or disoriented residents.		33	71.7	62.0	58.4
Residents with bed sores.		3	6.5	10.0	7.1
Residents receiving special skin care.		25	54.3	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDILODGE OF ROMEO HOME NO 1

Street Address:		City and State:	
309 S BAILEY		ROMEO MI 48065	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	33	PROPRIETARY	03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
32	0	17	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	100	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	26	81.3	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	26	81.3	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	96.9	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	71.9	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	21.9	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	18	56.3	39.5	39.1
Residents requiring restraints.	18	56.3	38.0	31.7
Confused or disoriented residents.	27	84.4	63.0	55.8
Residents with bed sores.	2	6.3	6.5	4.7
Residents receiving special skin care.	13	40.6	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROMEO NURSING CENTER

Street Address: 250 DENBY ST		City and State: ROMEO MI 48065	
Participation: MEDICAID ICF	# of Beds: 35	Type of Ownership: PROPRIETARY	Survey Date: 03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	Medicare Residents: 0	Medicaid Residents: 27
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	91.4	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	88.6	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	71.4	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	71.4	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	54.3	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	40.0	27.7	29.3
Completely bedfast residents.	1	2.9	1.3	3.6
Residents confined to chairs.	11	31.4	39.5	39.1
Residents requiring restraints.	17	48.6	38.0	31.7
Confused or disoriented residents.	25	71.4	63.0	55.8
Residents with bed sores.	2	5.7	6.5	4.7
Residents receiving special skin care.	2	5.7	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE APPLE TREE LANE CONV CTR

Street Address:		City and State:	
39000 CHASE RD		ROMULUS MI 48174	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	43	PROPRIETARY	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	85.0	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	87.5	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	80.0	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	82.5	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	65.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	2	5.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	45.0	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	30	75.0	39.5	39.1
Residents requiring restraints.	30	75.0	38.0	31.7
Confused or disoriented residents.	33	82.5	63.0	55.8
Residents with bed sores.	1	2.5	6.5	4.7
Residents receiving special skin care.	27	67.5	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	2	1.6	65	1.2
NOT MET	6	4.7	198	3.6
MET	1	0.8	79	1.4
MET	3	2.3	564	10.3
MET	2	1.6	798	14.6
MET	0	0.0	25	0.5
MET	0	0.0	89	1.6
MET	0	0.0	0	0.0
MET	0	0.0	25	0.5
MET	0	0.0	0	0.0
MET	5	3.9	335	6.1
MET	19	14.7	1187	21.7
MET	12	9.3	679	12.4
MET	12	9.3	382	7.0
MET	15	11.6	807	14.8
MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BORTZ HEALTH CARE OF ROSE CITY

Street Address:		City and State:	
517 WEST PAGE STREET		ROSE CITY MI 48654	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	140	PROPRIETARY	01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
130	1	108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	35.4	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	83.1	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	83.8	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	56.9	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	68.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	16.9	38.0	37.7
Completely bedfast residents.	1	0.8	2.8	3.4
Residents confined to chairs.	73	56.2	53.3	50.8
Residents requiring restraints.	76	58.5	44.5	41.3
Confused or disoriented residents.	117	90.0	62.0	58.4
Residents with bed sores.	25	19.2	10.0	7.1
Residents receiving special skin care.	130	100	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALEXANDER CONTINUING CARE CTR

Street Address:		City and State:	
718 W FOURTH ST		ROYAL OAK MI 48067	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	96	PROPRIETARY	11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
79	3	14	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	72.2	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	87.3	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	79.7	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	79.7	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	77.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	26.6	38.0	37.7
Completely bedfast residents.	1	1.3	2.8	3.4
Residents confined to chairs.	22	27.8	53.3	50.8
Residents requiring restraints.	30	38.0	44.5	41.3
Confused or disoriented residents.	29	36.7	62.0	58.4
Residents with bed sores.	3	3.8	10.0	7.1
Residents receiving special skin care.	10	12.7	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAKLAND CARE CENTER

Street Address:		City and State:	
3030 GREENFIELD AVENUE		ROYAL OAK MI 48072	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	151	PROPRIETARY	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
138	4	112	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	111	80.4	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	115	83.3	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	123	89.1	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	85.5	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	68.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	17.4	38.0	37.7
Completely bedfast residents.	2	1.4	2.8	3.4
Residents confined to chairs.	63	45.7	53.3	50.8
Residents requiring restraints.	33	23.9	44.5	41.3
Confused or disoriented residents.	88	63.8	62.0	58.4
Residents with bed sores.	17	12.3	10.0	7.1
Residents receiving special skin care.	44	31.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

HOYT NURSING HOME

Street Address:		City and State:	
1202 WEISS ST		SAGINAW MI 48602	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	69	PROPRIETARY	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
68		1		21	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		62	91.2	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		63	92.6	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		59	86.8	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		58	85.3	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		49	72.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.		1	1.5	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		21	30.9	38.0	37.7
Completely bedfast residents.		1	1.5	2.8	3.4
Residents confined to chairs.		32	47.1	53.3	50.8
Residents requiring restraints.		43	63.2	44.5	41.3
Confused or disoriented residents.		38	55.9	62.0	58.4
Residents with bed sores.		8	11.8	10.0	7.1
Residents receiving special skin care.		19	27.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

LUTHER MANOR

Street Address:		City and State:	
3161 DAVENPORT		SAGINAW MI 48602	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	98	NON-PROFIT RELIGIOUS	09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	80.4	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	75.3	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	59.8	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	56.7	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	52.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	21.6	38.0	37.7
Completely bedfast residents.	3	3.1	2.8	3.4
Residents confined to chairs.	44	45.4	53.3	50.8
Residents requiring restraints.	38	39.2	44.5	41.3
Confused or disoriented residents.	54	55.7	62.0	58.4
Residents with bed sores.	3	3.1	10.0	7.1
Residents receiving special skin care.	15	15.5	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MACCABEE GARDENS CARE CTR

Street Address:		City and State:	
2160 N CENTER RD		SAGINAW MI 48603	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	98	PROPRIETARY	09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
96	1	48			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		85	88.5	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		87	90.6	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		72	75.0	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		75	78.1	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		67	69.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.		46	47.9	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	28.1	38.0	37.7
Completely bedfast residents.		2	2.1	2.8	3.4
Residents confined to chairs.		48	50.0	53.3	50.8
Residents requiring restraints.		23	24.0	44.5	41.3
Confused or disoriented residents.		48	50.0	62.0	58.4
Residents with bed sores.		20	20.8	10.0	7.1
Residents receiving special skin care.		11	11.5	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

MARTIN LUTHER SAGINAW HOME

Street Address:		City and State:	
4322 MACKINAW ROAD		SAGINAW MI 48603	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	71	NON-PROFIT RELIGIOUS	10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	85.7	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	85.7	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	74.3	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	100	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	100	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	52.9	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	3	4.3	53.3	50.8
Residents requiring restraints.	33	47.1	44.5	41.3
Confused or disoriented residents.	48	68.6	62.0	58.4
Residents with bed sores.	1	1.4	10.0	7.1
Residents receiving special skin care.	70	100	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAGINAW COMMUNITY HOSP SNF

Street Address: 3340 HOSPITAL ROAD		City and State: SAGINAW MI 48605	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 217	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 209	Medicare Residents: 6	Medicaid Residents: 187	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	188	90.0	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	200	95.7	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	194	92.8	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	185	88.5	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	181	86.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	31	14.8	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	96	45.9	38.0	37.7
Completely bedfast residents.	18	8.6	2.8	3.4
Residents confined to chairs.	141	67.5	53.3	50.8
Residents requiring restraints.	76	36.4	44.5	41.3
Confused or disoriented residents.	160	76.6	62.0	58.4
Residents with bed sores.	19	9.1	10.0	7.1
Residents receiving special skin care.	87	41.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAGINAW GERIATRICS HOME

Street Address: 1413 GRATIOT		City and State: SAGINAW MI 48602	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 55	Type of Ownership: PROPRIETARY	Survey Date: 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	Medicare Residents: 1	Medicaid Residents: 40	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	94.5	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	94.5	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	90.9	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	90.9	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	69.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	32.7	38.0	37.7
Completely bedfast residents.	9	16.4	2.8	3.4
Residents confined to chairs.	34	61.8	53.3	50.8
Residents requiring restraints.	19	34.5	44.5	41.3
Confused or disoriented residents.	41	74.5	62.0	58.4
Residents with bed sores.	0	0.0	10.0	7.1
Residents receiving special skin care.	3	5.5	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST FRANCIS HOME

Street Address:		City and State:	
915 N RIVER ROAD		SAGINAW MI 48603	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	100	NON-PROFIT RELIGIOUS	10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
97		0		47	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		73	75.3	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		72	74.2	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		73	75.3	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		94	96.9	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		64	66.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		51	52.6	38.0	37.7
Completely bedfast residents.		0	0.0	2.8	3.4
Residents confined to chairs.		61	62.9	53.3	50.8
Residents requiring restraints.		51	52.6	44.5	41.3
Confused or disoriented residents.		40	41.2	62.0	58.4
Residents with bed sores.		6	6.2	10.0	7.1
Residents receiving special skin care.		37	38.1	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUN VALLEY MANOR

Street Address:		City and State:	
2901 GALAXY DR		SAGINAW MI 48601	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	103	PROPRIETARY	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
101		2		76			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION		
		#	%	%	%		
Bathing							
Residents requiring some or total assistance in bathing.		90	89.1	80.9	81.5		
Dressing							
Residents requiring some or total assistance in dressing.		88	87.1	85.2	83.2		
Toileting							
Residents requiring some or total assistance in toileting.		81	80.2	76.7	73.8		
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		78	77.2	77.7	77.2		
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.		53	52.5	69.9	68.2		
Residents on individually written bowel and bladder retraining program.		1	1.0	3.5	4.6		
Eating							
Residents receiving tube feedings or requiring assistance with eating.		31	30.7	38.0	37.7		
Completely bedfast residents.		0	0.0	2.8	3.4		
Residents confined to chairs.		45	44.6	53.3	50.8		
Residents requiring restraints.		64	63.4	44.5	41.3		
Confused or disoriented residents.		51	50.5	62.0	58.4		
Residents with bed sores.		8	7.9	10.0	7.1		
Residents receiving special skin care.		63	62.4	32.7	31.2		

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAITH MEDICAL CARE CENTER

Street Address:		City and State:	
4220 S HOSPITAL DRIVE		SAINT CLAIR MI 48079	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	125	PROPRIETARY	05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
108	1	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	97.2	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	88.9	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	77.8	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	79.6	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	76.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	38.0	38.0	37.7
Completely bedfast residents.	3	2.8	2.8	3.4
Residents confined to chairs.	79	73.1	53.3	50.8
Residents requiring restraints.	48	44.4	44.5	41.3
Confused or disoriented residents.	59	54.6	62.0	58.4
Residents with bed sores.	12	11.1	10.0	7.1
Residents receiving special skin care.	24	22.2	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

MET	1	0.3	201	2.1
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The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.

MET	10	3.2	518	5.5
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Each resident is free from mental and physical abuse.

MET	2	0.6	168	1.8
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Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.

MET	8	2.6	806	8.5
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Each resident is given privacy during treatment and care of personal needs.

MET	6	1.9	1618	17.1
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Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.

MET	0	0.0	36	0.4
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Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.

MET	0	0.0	205	2.2
-----	---	-----	-----	-----

Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.

MET	0	0.0	30	0.3
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The facility ensures that the health care of each resident is under the continuing supervision of a physician.

MET	0	0.0	145	1.5
-----	---	-----	-----	-----

Emergency services from a physician are available and provided to each resident who requires emergency care.

MET	0	0.0	49	0.5
-----	---	-----	----	-----

Nursing services are provided at all times to meet the needs of residents.

MET	22	7.1	508	5.4
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Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.

MET	74	23.9	2816	29.8
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Each resident receives care necessary to prevent skin breakdown.

MET	39	12.6	1733	18.3
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Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.

MET	39	12.6	1052	11.1
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Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.

MET	41	13.2	1512	16.0
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Each resident with a urinary catheter receives proper routine care, including periodic evaluation.

MET	39	12.6	1665	17.6
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SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

SISTERS OF BON SECOURS NRSNG CARE CNTR

Street Address:		City and State:	
26001 JEFFERSON AVENUE		SAINT CLAIR SHORES MI 48081	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	200	NON-PROFIT PRIVATE	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
164	4	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	79.3	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	146	89.0	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	127	77.4	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	87.2	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	117	71.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	26.8	38.0	37.7
Completely bedfast residents.	7	4.3	2.8	3.4
Residents confined to chairs.	79	48.2	53.3	50.8
Residents requiring restraints.	72	43.9	44.5	41.3
Confused or disoriented residents.	122	74.4	62.0	58.4
Residents with bed sores.	22	13.4	10.0	7.1
Residents receiving special skin care.	71	43.3	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST MARYS NH

Street Address:		City and State:	
22601 E NINE MILE RD		SAINT CLAIR SHORES MI 48080	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	107	PROPRIETARY	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
103	4	68			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		88	85.4	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		93	90.3	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		93	90.3	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		88	85.4	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		93	90.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		32	31.1	38.0	37.7
Completely bedfast residents.		1	1.0	2.8	3.4
Residents confined to chairs.		56	54.4	53.3	50.8
Residents requiring restraints.		45	43.7	44.5	41.3
Confused or disoriented residents.		59	57.3	62.0	58.4
Residents with bed sores.		7	6.8	10.0	7.1
Residents receiving special skin care.		32	31.1	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MACKINAC COUNTY MED CARE FACILITY

Street Address: 799 HOMBACH ST		City and State: SAINT IGNACE MI 49781	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 03/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 1	Medicaid Residents: 49	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	86.7	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	93.3	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	90.0	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	85.0	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	83.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	38.3	38.0	37.7
Completely bedfast residents.	9	15.0	2.8	3.4
Residents confined to chairs.	35	58.3	53.3	50.8
Residents requiring restraints.	32	53.3	44.5	41.3
Confused or disoriented residents.	30	50.0	62.0	58.4
Residents with bed sores.	3	5.0	10.0	7.1
Residents receiving special skin care.	9	15.0	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAZEL I FINDLAY COUNTRY MANOR

Street Address: 1101 S SCOTT ROAD		City and State: SAINT JOHNS MI 48879	
Participation: MEDICAID ICF	# of Beds: 108	Type of Ownership: NON-PROFIT OTHER	Survey Date: 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	Medicare Residents: 0	Medicaid Residents: 70	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	87.9	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	98	91.6	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	89	83.2	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	86.0	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	55.1	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	29.9	27.7	29.3
Completely bedfast residents.	1	0.9	1.3	3.6
Residents confined to chairs.	38	35.5	39.5	39.1
Residents requiring restraints.	53	49.5	38.0	31.7
Confused or disoriented residents.	56	52.3	63.0	55.8
Residents with bed sores.	5	4.7	6.5	4.7
Residents receiving special skin care.	35	32.7	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHOREHAM TERRACE

Street Address:		City and State:	
3425 LAKE SHORE DR		SAINT JOSEPH MI 49085	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	112	PROPRIETARY	06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
103	1	72	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	96	93.2	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	94.2	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	85.4	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	91.3	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	64.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	45.6	38.0	37.7
Completely bedfast residents.	2	1.9	2.8	3.4
Residents confined to chairs.	51	49.5	53.3	50.8
Residents requiring restraints.	58	56.3	44.5	41.3
Confused or disoriented residents.	63	61.2	62.0	58.4
Residents with bed sores.	10	9.7	10.0	7.1
Residents receiving special skin care.	4	3.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SCHNEPP NURSING HOME

Street Address:		City and State:	
427 E WASHINGTON		SAINT LOUIS MI 48880	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	127	PROPRIETARY	02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
124	3	84		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	83.1	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	85.5	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	75.8	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	76.6	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	59.7	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	29.0	38.0	37.7
Completely bedfast residents.	1	0.8	2.8	3.4
Residents confined to chairs.	41	33.1	53.3	50.8
Residents requiring restraints.	67	54.0	44.5	41.3
Confused or disoriented residents.	79	63.7	62.0	58.4
Residents with bed sores.	5	4.0	10.0	7.1
Residents receiving special skin care.	34	27.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTGATE MANOR NH

Street Address:		City and State:	
1149 WEST MONROE ROAD		SAINT LOUIS MI 48880	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	81	NON-PROFIT PRIVATE	10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
77	2	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	87.0	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	90.9	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	74.0	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	66.2	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	79.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	8	10.4	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	37.7	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	36	46.8	53.3	50.8
Residents requiring restraints.	46	59.7	44.5	41.3
Confused or disoriented residents.	30	39.0	62.0	58.4
Residents with bed sores.	4	5.2	10.0	7.1
Residents receiving special skin care.	35	45.5	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EVANGELICAL HOME

Street Address: 440 W RUSSELL		City and State: SALINE MI 48176	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 215	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 202	Medicare Residents: 1	Medicaid Residents: 73
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	196	97.0	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	168	83.2	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	145	71.8	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	180	89.1	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	148	73.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	76	37.6	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	109	54.0	53.3	50.8
Residents requiring restraints.	112	55.4	44.5	41.3
Confused or disoriented residents.	135	66.8	62.0	58.4
Residents with bed sores.	12	5.9	10.0	7.1
Residents receiving special skin care.	37	18.3	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SANILAC MEDICAL CARE FACILITY

Street Address: 137 N ELK ST		City and State: SANDUSKY MI 48471	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 84	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 04/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	Medicare Residents: 2	Medicaid Residents: 71
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	96.4	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	95.2	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	90.4	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	95.2	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	34.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.	44	53.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	34.9	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	59	71.1	53.3	50.8
Residents requiring restraints.	65	78.3	44.5	41.3
Confused or disoriented residents.	48	57.8	62.0	58.4
Residents with bed sores.	8	9.6	10.0	7.1
Residents receiving special skin care.	28	33.7	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHIPPEWA COUNTY WAR MEM HOSP

Street Address: 500 OSBORN BLVD		City and State: SAULT SAINTE MARIE MI 49783	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 51	Type of Ownership: NON-PROFIT OTHER	Survey Date: 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	Medicare Residents: 3	Medicaid Residents: 41
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	94.1	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	86.3	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	94.1	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	86.3	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	70.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	13	25.5	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	47.1	38.0	37.7
Completely bedfast residents.	3	5.9	2.8	3.4
Residents confined to chairs.	18	35.3	53.3	50.8
Residents requiring restraints.	33	64.7	44.5	41.3
Confused or disoriented residents.	31	60.8	62.0	58.4
Residents with bed sores.	6	11.8	10.0	7.1
Residents receiving special skin care.	28	54.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROVINCIAL HOUSE

Street Address:		City and State:	
1011 MERIDIAN RD		SAULT SAINTE MARIE MI 49783	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	117	PROPRIETARY	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	89.7	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	87.9	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	83.6	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	98.3	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	81.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	36.2	38.0	37.7
Completely bedfast residents.	2	1.7	2.8	3.4
Residents confined to chairs.	60	51.7	53.3	50.8
Residents requiring restraints.	96	82.8	44.5	41.3
Confused or disoriented residents.	88	75.9	62.0	58.4
Residents with bed sores.	12	10.3	10.0	7.1
Residents receiving special skin care.	39	33.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COUNTRYSIDE NURS HOME

Street Address:		City and State:	
120 BASELINE RD		SOUTH HAVEN MI 49090	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	63	PROPRIETARY	11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
62	0	60	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	35.5	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	43	69.4	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	61.3	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	69.4	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	43.5	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	16.1	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	22	35.5	39.5	39.1
Residents requiring restraints.	17	27.4	38.0	31.7
Confused or disoriented residents.	47	75.8	63.0	55.8
Residents with bed sores.	4	6.5	6.5	4.7
Residents receiving special skin care.	21	33.9	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARTIN LUTHER-SO HAVEN HOME

Street Address: P.O. BOX 690		City and State: SOUTH HAVEN MI 49090	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 125	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	Medicare Residents: 3	Medicaid Residents: 98
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	100	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	104	86.0	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	74.4	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	100	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	82.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	41.3	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	89	73.6	53.3	50.8
Residents requiring restraints.	83	68.6	44.5	41.3
Confused or disoriented residents.	96	79.3	62.0	58.4
Residents with bed sores.	22	18.2	10.0	7.1
Residents receiving special skin care.	22	18.2	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

MARTIN LUTHER MEMORIAL HOME

Street Address:		City and State:	
305 ELM PLACE		SOUTH LYON MI 48178	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	44	NON-PROFIT RELIGIOUS	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
43	0	25	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	100	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	97.7	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	81.4	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	83.7	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	83.7	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	44.2	38.0	37.7
Completely bedfast residents.	1	2.3	2.8	3.4
Residents confined to chairs.	28	65.1	53.3	50.8
Residents requiring restraints.	25	58.1	44.5	41.3
Confused or disoriented residents.	24	55.8	62.0	58.4
Residents with bed sores.	1	2.3	10.0	7.1
Residents receiving special skin care.	5	11.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JEWISH HOME FOR AGED NO 1

Street Address:		City and State:	
26051 LAHSER ROAD		SOUTHFIELD MI 48034	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	100	NON-PROFIT OTHER	12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
96	5	65	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	100	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	89.6	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	75.0	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	100	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	75.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	9	9.4	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	40.6	38.0	37.7
Completely bedfast residents.	2	2.1	2.8	3.4
Residents confined to chairs.	71	74.0	53.3	50.8
Residents requiring restraints.	55	57.3	44.5	41.3
Confused or disoriented residents.	75	78.1	62.0	58.4
Residents with bed sores.	8	8.3	10.0	7.1
Residents receiving special skin care.	12	12.5	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAHSEY HILLS NSG CTR

Street Address:		City and State:	
25300 LAHSEY RD		SOUTHFIELD MI 48034	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	161	PROPRIETARY	07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
136	1	105		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	62.5	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	77.2	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	61.8	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	80.1	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	48.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	15.4	38.0	37.7
Completely bedfast residents.	6	4.4	2.8	3.4
Residents confined to chairs.	55	40.4	53.3	50.8
Residents requiring restraints.	43	31.6	44.5	41.3
Confused or disoriented residents.	81	59.6	62.0	58.4
Residents with bed sores.	11	8.1	10.0	7.1
Residents receiving special skin care.	13	9.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MT VERNON NURSING CENTER

Street Address:		City and State:	
26715 GREENFIELD ROAD		SOUTHFIELD MI 48076	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	228	PROPRIETARY	06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
196	5	164	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	159	81.1	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	163	83.2	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	124	63.3	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	62.2	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	106	54.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	25.5	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	105	53.6	53.3	50.8
Residents requiring restraints.	98	50.0	44.5	41.3
Confused or disoriented residents.	143	73.0	62.0	58.4
Residents with bed sores.	31	15.8	10.0	7.1
Residents receiving special skin care.	33	16.8	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTHFIELD CTR

Street Address: 22401 FOSTER WINTER DRIVE		City and State: SOUTHFIELD MI 48075	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 75	Type of Ownership: PROPRIETARY	Survey Date: 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 14	Medicare Residents: 13	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	92.9	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	13	92.9	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	13	92.9	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	92.9	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	64.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	50.0	38.0	37.7
Completely bedfast residents.	9	64.3	2.8	3.4
Residents confined to chairs.	2	14.3	53.3	50.8
Residents requiring restraints.	3	21.4	44.5	41.3
Confused or disoriented residents.	6	42.9	62.0	58.4
Residents with bed sores.	8	57.1	10.0	7.1
Residents receiving special skin care.	14	100	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY MANOR CONV CTR

Street Address:		City and State:	
15400 TRENTON RD		SOUTHGATE MI 48195	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	09/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	2	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	86.3	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	83.2	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	78.9	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	94.7	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	77.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	60.0	38.0	37.7
Completely bedfast residents.	6	6.3	2.8	3.4
Residents confined to chairs.	50	52.6	53.3	50.8
Residents requiring restraints.	49	51.6	44.5	41.3
Confused or disoriented residents.	72	75.8	62.0	58.4
Residents with bed sores.	19	20.0	10.0	7.1
Residents receiving special skin care.	75	78.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARBOR MANOR CARE CENTER

Street Address: 151 2ND ST		City and State: SPRING ARBOR MI 49283	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 107	Type of Ownership: PROPRIETARY	Survey Date: 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	Medicare Residents: 0	Medicaid Residents: 79	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	87.9	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	80.4	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	73.8	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	82.2	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	73.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	34.6	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	26	24.3	53.3	50.8
Residents requiring restraints.	44	41.1	44.5	41.3
Confused or disoriented residents.	65	60.7	62.0	58.4
Residents with bed sores.	9	8.4	10.0	7.1
Residents receiving special skin care.	16	15.0	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STANDISH COMMUNITY HOSP

Street Address:		City and State:	
BOX 579 805 W CEDAR		STANDISH MI 48658	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	44	NON-PROFIT OTHER	03/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
34	2	29		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	91.2	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	32	94.1	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	31	91.2	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	94.1	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	67.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	4	11.8	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	29.4	38.0	37.7
Completely bedfast residents.	5	14.7	2.8	3.4
Residents confined to chairs.	14	41.2	53.3	50.8
Residents requiring restraints.	14	41.2	44.5	41.3
Confused or disoriented residents.	6	17.6	62.0	58.4
Residents with bed sores.	3	8.8	10.0	7.1
Residents receiving special skin care.	16	47.1	32.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROUBALS N H

Street Address:		City and State:	
R 1 BOX 32		STEPHENSON MI 49887	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	73	PROPRIETARY	06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
73	0	58	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	94.5	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	69	94.5	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	55	75.3	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	79.5	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	78.1	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	28.8	27.7	29.3
Completely bedfast residents.	1	1.4	1.3	3.6
Residents confined to chairs.	28	38.4	39.5	39.1
Residents requiring restraints.	38	52.1	38.0	31.7
Confused or disoriented residents.	70	95.9	63.0	55.8
Residents with bed sores.	1	1.4	6.5	4.7
Residents receiving special skin care.	40	54.8	26.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NIGHTINGALE NORTH N H

Street Address: 14151 E 15 MILE RD		City and State: STERLING HEIGHTS MI 48077	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 307	Type of Ownership: PROPRIETARY	Survey Date: 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 307	Medicare Residents: 14	Medicaid Residents: 121	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing Residents requiring some or total assistance in bathing.	230	74.9	80.9	81.5
Dressing Residents requiring some or total assistance in dressing.	260	84.7	85.2	83.2
Toileting Residents requiring some or total assistance in toileting.	250	81.4	76.7	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	256	83.4	77.7	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	246	80.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	0.7	3.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	138	45.0	38.0	37.7
Completely bedfast residents.	2	0.7	2.8	3.4
Residents confined to chairs.	212	69.1	53.3	50.8
Residents requiring restraints.	150	48.9	44.5	41.3
Confused or disoriented residents.	255	83.1	62.0	58.4
Residents with bed sores.	40	13.0	10.0	7.1
Residents receiving special skin care.	62	20.2	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENBRIAR NURSING HOME

Street Address: 500 SCHOOL ROAD		City and State: STERLING MI 48659	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 104	Type of Ownership: PROPRIETARY	Survey Date: 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	Medicare Residents: 1	Medicaid Residents: 75
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	66.3	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	74.7	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	70.5	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	80.0	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	70.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	32.6	38.0	37.7
Completely bedfast residents.	1	1.1	2.8	3.4
Residents confined to chairs.	46	48.4	53.3	50.8
Residents requiring restraints.	56	58.9	44.5	41.3
Confused or disoriented residents.	64	67.4	62.0	58.4
Residents with bed sores.	3	3.2	10.0	7.1
Residents receiving special skin care.	32	33.7	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GERIATRIC CENTER OF STOCKBRIDGE

Street Address: 406 W MAIN ST		City and State: STOCKBRIDGE MI 49285	
Participation: MEDICAID ICF	# of Beds: 53	Type of Ownership: PROPRIETARY	Survey Date: 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	Medicare Residents: 0	Medicaid Residents: 34	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	98.1	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	86.8	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	49	92.5	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	83.0	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	92.5	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	60.4	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	42	79.2	39.5	39.1
Residents requiring restraints.	26	49.1	38.0	31.7
Confused or disoriented residents.	40	75.5	63.0	55.8
Residents with bed sores.	2	3.8	6.5	4.7
Residents receiving special skin care.	19	35.8	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FROH COMMUNITY HOME

Street Address:		City and State:	
307 SPRUCE		STURGIS MI 49091	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	118	NON-PROFIT RELIGIOUS	06/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	15	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	78.7	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	81.9	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	76.6	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	86.2	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	55.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	27.7	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	37	39.4	53.3	50.8
Residents requiring restraints.	44	46.8	44.5	41.3
Confused or disoriented residents.	65	69.1	62.0	58.4
Residents with bed sores.	15	16.0	10.0	7.1
Residents receiving special skin care.	15	16.0	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE IOSCO CO MEDICAL CARE FACILITY

Street Address:		City and State:	
1201 HARRIS AVENUE		TAWAS CITY MI 48763	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	64	LOCAL GOVERNMENT	01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
63	2	51			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		51	81.0	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		59	93.7	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		58	92.1	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		60	95.2	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		50	79.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.		2	3.2	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		24	38.1	38.0	37.7
Completely bedfast residents.		3	4.8	2.8	3.4
Residents confined to chairs.		57	90.5	53.3	50.8
Residents requiring restraints.		3	4.8	44.5	41.3
Confused or disoriented residents.		55	87.3	62.0	58.4
Residents with bed sores.		5	7.9	10.0	7.1
Residents receiving special skin care.		5	7.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROVINCIAL HOUSE TAWAS CITY

Street Address: 400 W NORTH ST		City and State: TAWAS CITY MI 48763	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 2	Medicaid Residents: 92	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	71.3	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	75.7	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	71.3	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	68.7	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	62.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	21.7	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	53	46.1	53.3	50.8
Residents requiring restraints.	49	42.6	44.5	41.3
Confused or disoriented residents.	66	57.4	62.0	58.4
Residents with bed sores.	10	8.7	10.0	7.1
Residents receiving special skin care.	13	11.3	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK NURSING CTR

Street Address:		City and State:	
12575 SO TELEGRAPH RD		TAYLOR MI 48180	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	265	NON-PROFIT OTHER	11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
251	11	196	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	236	94.0	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	233	92.8	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	209	83.3	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	207	82.5	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	195	77.7	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	27.9	38.0	37.7
Completely bedfast residents.	1	0.4	2.8	3.4
Residents confined to chairs.	172	68.5	53.3	50.8
Residents requiring restraints.	77	30.7	44.5	41.3
Confused or disoriented residents.	210	83.7	62.0	58.4
Residents with bed sores.	40	15.9	10.0	7.1
Residents receiving special skin care.	180	71.7	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINE KNOLL CONVALESCENT CTR

Street Address:		City and State:	
23600 NORTHLINE RD		TAYLOR MI 48180	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	142	PROPRIETARY	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
127	3	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	95.3	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	123	96.9	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	122	96.1	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	95.3	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	112	88.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	13	10.2	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	55.1	38.0	37.7
Completely bedfast residents.	2	1.6	2.8	3.4
Residents confined to chairs.	89	70.1	53.3	50.8
Residents requiring restraints.	117	92.1	44.5	41.3
Confused or disoriented residents.	117	92.1	62.0	58.4
Residents with bed sores.	25	19.7	10.0	7.1
Residents receiving special skin care.	31	24.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TAYLOR TOTAL LIVING CENTER

Street Address:		City and State:	
22950 NORTHLINE ROAD		TAYLOR MI 48180	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	150	PROPRIETARY	10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
145	0	145	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	145	100	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	145	100	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	135	93.1	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	100	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	145	100	69.9	68.2
Residents on individually written bowel and bladder retraining program.	18	12.4	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	135	93.1	38.0	37.7
Completely bedfast residents.	1	0.7	2.8	3.4
Residents confined to chairs.	144	99.3	53.3	50.8
Residents requiring restraints.	0	0.0	44.5	41.3
Confused or disoriented residents.	14	9.7	62.0	58.4
Residents with bed sores.	16	11.0	10.0	7.1
Residents receiving special skin care.	145	100	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the <u>National Research Council, National Academy of Sciences.</u>	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERRICK NH

Street Address: 500 E POTTAWATOMIE		City and State: TECUMSEH MI 49286	
Participation: MEDICAID ICF	# of Beds: 25	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	Medicare Residents: 0	Medicaid Residents: 9
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	95.8	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	23	95.8	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	23	95.8	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	95.8	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	83.3	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	41.7	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	13	54.2	39.5	39.1
Residents requiring restraints.	16	66.7	38.0	31.7
Confused or disoriented residents.	17	70.8	63.0	55.8
Residents with bed sores.	0	0.0	6.5	4.7
Residents receiving special skin care.	4	16.7	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVER FOREST NH

Street Address:		City and State:	
55378 WILBUR RD		THREE RIVERS MI 49093	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	87	NON-PROFIT RELIGIOUS	03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
84	1	74	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	82.1	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	53.6	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	76.2	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	73.8	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	65.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	39.3	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	41	48.8	53.3	50.8
Residents requiring restraints.	42	50.0	44.5	41.3
Confused or disoriented residents.	58	69.0	62.0	58.4
Residents with bed sores.	24	28.6	10.0	7.1
Residents receiving special skin care.	40	47.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THREE RIVERS MANOR

Street Address: 517 ERIE ST		City and State: THREE RIVERS MI 49093	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 04/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
84	1	71			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		58	69.0	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		58	69.0	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		55	65.5	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		51	60.7	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		54	64.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		19	22.6	38.0	37.7
Completely bedfast residents.		0	0.0	2.8	3.4
Residents confined to chairs.		51	60.7	53.3	50.8
Residents requiring restraints.		33	39.3	44.5	41.3
Confused or disoriented residents.		24	28.6	62.0	58.4
Residents with bed sores.		7	8.3	10.0	7.1
Residents receiving special skin care.		11	13.1	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BIRCHWOOD NURS CTR

Street Address:		City and State:	
2950 LAFRANIER RD		TRAVERSE CITY MI 49684	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	155	PROPRIETARY	12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
152	0	117			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		115	75.7	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		119	78.3	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		102	67.1	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		93	61.2	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		102	67.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.		3	2.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		53	34.9	38.0	37.7
Completely bedfast residents.		0	0.0	2.8	3.4
Residents confined to chairs.		28	18.4	53.3	50.8
Residents requiring restraints.		23	15.1	44.5	41.3
Confused or disoriented residents.		55	36.2	62.0	58.4
Residents with bed sores.		2	1.3	10.0	7.1
Residents receiving special skin care.		26	17.1	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

BORTZ HEALTH CARE OF TRAVERSE CITY

Street Address:		City and State:	
2828 CONCORD STREET		TRAVERSE CITY MI 49684	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	96	PROPRIETARY	12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
91	1	53		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	93.4	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	87.9	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	76.9	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	89.0	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	68.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	62.6	38.0	37.7
Completely bedfast residents.	2	2.2	2.8	3.4
Residents confined to chairs.	41	45.1	53.3	50.8
Residents requiring restraints.	41	45.1	44.5	41.3
Confused or disoriented residents.	61	67.0	62.0	58.4
Residents with bed sores.	5	5.5	10.0	7.1
Residents receiving special skin care.	11	12.1	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRAND TRAVERSE CO MCF

Street Address: 410 S ELMWOOD		City and State: TRAVERSE CITY MI 49684	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 181	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
179	4	122			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		95	53.1	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		149	83.2	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		148	82.7	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		179	100	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		95	53.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.		9	5.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		72	40.2	38.0	37.7
Completely bedfast residents.		1	0.6	2.8	3.4
Residents confined to chairs.		111	62.0	53.3	50.8
Residents requiring restraints.		77	43.0	44.5	41.3
Confused or disoriented residents.		111	62.0	62.0	58.4
Residents with bed sores.		13	7.3	10.0	7.1
Residents receiving special skin care.		120	67.0	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROVINCIAL HOUSE

Street Address:		City and State:	
2585 SOUTH LAFRANIER ROAD		TRAVERSE CITY MI 49684	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	3	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	77.8	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	83.8	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	92	78.6	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	72.6	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	59.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	29.9	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	89	76.1	53.3	50.8
Residents requiring restraints.	43	36.8	44.5	41.3
Confused or disoriented residents.	54	46.2	62.0	58.4
Residents with bed sores.	13	11.1	10.0	7.1
Residents receiving special skin care.	30	25.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

BALMORAL SKILLED NURSING CTR

Street Address:		City and State:	
5500 FORT ST		TRENTON MI 48183	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	209	NON-PROFIT OTHER	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
192	4	155	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	54.7	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	165	85.9	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	162	84.4	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	162	84.4	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	162	84.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	79	41.1	38.0	37.7
Completely bedfast residents.	11	5.7	2.8	3.4
Residents confined to chairs.	142	74.0	53.3	50.8
Residents requiring restraints.	109	56.8	44.5	41.3
Confused or disoriented residents.	81	42.2	62.0	58.4
Residents with bed sores.	28	14.6	10.0	7.1
Residents receiving special skin care.	21	10.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TRENTON CONV CENTER

Street Address:		City and State:	
406 ELM ST		TRENTON MI 48183	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	51	PROPRIETARY	08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	91.8	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	36	73.5	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	43	87.8	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	55.1	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	57.1	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	30.6	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	8	16.3	39.5	39.1
Residents requiring restraints.	26	53.1	38.0	31.7
Confused or disoriented residents.	22	44.9	63.0	55.8
Residents with bed sores.	4	8.2	6.5	4.7
Residents receiving special skin care.	9	18.4	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEST WINDS NURSING HOME

Street Address: 10765 COOLEY LAKE RD		City and State: UNION LAKE MI 48085	
Participation: MEDICAID ICF	# of Beds: 50	Type of Ownership: PROPRIETARY	Survey Date: 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	Medicare Residents: 0	Medicaid Residents: 17	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	77.3	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	79.5	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	79.5	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	88.6	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	90.9	63.2	59.1
Residents on individually written bowel and bladder retraining program.	3	6.8	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	34.1	27.7	29.3
Completely bedfast residents.	4	9.1	1.3	3.6
Residents confined to chairs.	25	56.8	39.5	39.1
Residents requiring restraints.	23	52.3	38.0	31.7
Confused or disoriented residents.	34	77.3	63.0	55.8
Residents with bed sores.	20	45.5	6.5	4.7
Residents receiving special skin care.	20	45.5	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

WIL MAR CONV HOME

Street Address:		City and State:	
45305 CASS AVE		UTICA MI 48087	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	52	NON-PROFIT PRIVATE	01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
50	0	46		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	52.0	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	22	44.0	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	21	42.0	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	40.0	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	32.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	16.0	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	6	12.0	39.5	39.1
Residents requiring restraints.	5	10.0	38.0	31.7
Confused or disoriented residents.	13	26.0	63.0	55.8
Residents with bed sores.	0	0.0	6.5	4.7
Residents receiving special skin care.	4	8.0	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

GOGEBIC CO MEDICAL CARE FAC

Street Address:		City and State:	
RT 1 BOX31		WAKEFIELD MI 49968	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	109	LOCAL GOVERNMENT	04/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
106	6	88		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	86.8	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	91.5	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	78.3	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	88.7	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	69.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	34.0	38.0	37.7
Completely bedfast residents.	2	1.9	2.8	3.4
Residents confined to chairs.	67	63.2	53.3	50.8
Residents requiring restraints.	66	62.3	44.5	41.3
Confused or disoriented residents.	68	64.2	62.0	58.4
Residents with bed sores.	13	12.3	10.0	7.1
Residents receiving special skin care.	29	27.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ABBAY CONVALESCENT CENTER

Street Address: 12250 E 12 MILE RD		City and State: WARREN MI 48093	
Participation: MEDICAID ICF	# of Beds: 201	Type of Ownership: PROPRIETARY	Survey Date: 03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 201	Medicare Residents: 0	Medicaid Residents: 148	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	151	75.1	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	145	72.1	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	133	66.2	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	134	66.7	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	56.2	63.2	59.1
Residents on individually written bowel and bladder retraining program.	3	1.5	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	16.9	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	73	36.3	39.5	39.1
Residents requiring restraints.	75	37.3	38.0	31.7
Confused or disoriented residents.	124	61.7	63.0	55.8
Residents with bed sores.	29	14.4	6.5	4.7
Residents receiving special skin care.	48	23.9	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

AUTUMN WOODS RESIDENTIAL HLTH CARE FAC

Street Address:		City and State:	
29800 HOOVER ROAD		WARREN MI 48093	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	330	PROPRIETARY	04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
308	13	167

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	303	98.4	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	253	82.1	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	231	75.0	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	263	85.4	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	223	72.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.3	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	117	38.0	38.0	37.7
Completely bedfast residents.	24	7.8	2.8	3.4
Residents confined to chairs.	123	39.9	53.3	50.8
Residents requiring restraints.	128	41.6	44.5	41.3
Confused or disoriented residents.	240	77.9	62.0	58.4
Residents with bed sores.	34	11.0	10.0	7.1
Residents receiving special skin care.	47	15.3	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BORTZ HEALTH CARE OF WARREN

Street Address:		City and State:	
11700 E TEN MILE RD		WARREN MI 48089	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	304	PROPRIETARY	03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
276		6		220	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		209	75.7	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		208	75.4	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		181	65.6	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		193	69.9	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		183	66.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.		2	0.7	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		90	32.6	38.0	37.7
Completely bedfast residents.		5	1.8	2.8	3.4
Residents confined to chairs.		151	54.7	53.3	50.8
Residents requiring restraints.		118	42.8	44.5	41.3
Confused or disoriented residents.		194	70.3	62.0	58.4
Residents with bed sores.		48	17.4	10.0	7.1
Residents receiving special skin care.		138	50.0	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NIGHTINGALE NURSING HOME EAST

Street Address:		City and State:	
11525 E TEN MILE ROAD		WARREN MI 48089	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	185	PROPRIETARY	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
178	14	119			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	51	28.7	80.9	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	130	73.0	85.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	161	90.4	76.7	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	158	88.8	77.7	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	121	68.0	69.9	68.2	
Residents on individually written bowel and bladder retraining program.	47	26.4	3.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	36	20.2	38.0	37.7	
Completely bedfast residents.	0	0.0	2.8	3.4	
Residents confined to chairs.	115	64.6	53.3	50.8	
Residents requiring restraints.	52	29.2	44.5	41.3	
Confused or disoriented residents.	132	74.2	62.0	58.4	
Residents with bed sores.	20	11.2	10.0	7.1	
Residents receiving special skin care.	65	36.5	32.7	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST ANTHONY NURSING CTR

Street Address:		City and State:	
31830 RYAN RD		WARREN MI 48092	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	102	PROPRIETARY	02/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
68	16	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	45.6	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	57.4	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	48.5	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	48.5	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	33.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	35.3	38.0	37.7
Completely bedfast residents.	4	5.9	2.8	3.4
Residents confined to chairs.	19	27.9	53.3	50.8
Residents requiring restraints.	14	20.6	44.5	41.3
Confused or disoriented residents.	23	33.8	62.0	58.4
Residents with bed sores.	16	23.5	10.0	7.1
Residents receiving special skin care.	6	8.8	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

SANDY CREEK NURSING CENTER

Street Address:		City and State:	
425 E ELM STREET		WAYLAND MI 49348	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
96	0	66	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	60.4	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	84.4	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	76.0	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	74.0	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	47.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	39.6	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	71	74.0	53.3	50.8
Residents requiring restraints.	43	44.8	44.5	41.3
Confused or disoriented residents.	53	55.2	62.0	58.4
Residents with bed sores.	7	7.3	10.0	7.1
Residents receiving special skin care.	33	34.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VENOY CONTINUED CARE CENTER

Street Address: 3999 VENOY ROAD		City and State: WAYNE MI 48184	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 210	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 182		Medicare Residents: 19		Medicaid Residents: 140	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		168	92.3	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		165	90.7	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		156	85.7	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		154	84.6	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		146	80.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		69	37.9	38.0	37.7
Completely bedfast residents.		0	0.0	2.8	3.4
Residents confined to chairs.		156	85.7	53.3	50.8
Residents requiring restraints.		112	61.5	44.5	41.3
Confused or disoriented residents.		126	69.2	62.0	58.4
Residents with bed sores.		12	6.6	10.0	7.1
Residents receiving special skin care.		72	39.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WAYNE CONVALESCENT CENTER

Street Address: 34330 VAN BORN RD		City and State: WAYNE MI 48184	
Participation: MEDICAID ICF	# of Beds: 53	Type of Ownership: PROPRIETARY	Survey Date: 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
53	0	50			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		35	66.0	78.4	78.3
Dressing					
Residents requiring some or total assistance in dressing.		37	69.8	80.0	76.7
Toileting					
Residents requiring some or total assistance in toileting.		27	50.9	68.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		32	60.4	72.9	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		22	41.5	63.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	9.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		11	20.8	27.7	29.3
Completely bedfast residents.		0	0.0	1.3	3.6
Residents confined to chairs.		6	11.3	39.5	39.1
Residents requiring restraints.		18	34.0	38.0	31.7
Confused or disoriented residents.		48	90.6	63.0	55.8
Residents with bed sores.		1	1.9	6.5	4.7
Residents receiving special skin care.		10	18.9	26.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WAYNE LIVING CENTER FOR DD

Street Address: 4427 VENOY RD		City and State: WAYNE MI 48184	
Participation: MEDICAID SNF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 133	Medicare Residents: 0	Medicaid Residents: 132	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	133	100	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	133	100	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	133	100	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	99.2	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	133	100	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	95	71.4	38.0	37.7
Completely bedfast residents.	1	0.8	2.8	3.4
Residents confined to chairs.	133	100	53.3	50.8
Residents requiring restraints.	133	100	44.5	41.3
Confused or disoriented residents.	60	45.1	62.0	58.4
Residents with bed sores.	10	7.5	10.0	7.1
Residents receiving special skin care.	133	100	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

WAYNE LIVING CTR NURSING CARE

Street Address:		City and State:	
4429 VENNOY RD		WAYNE MI 48184	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	99	PROPRIETARY	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
95	0	82	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	97.9	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	75	78.9	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	85	89.5	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	89.5	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	89.5	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	15.8	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	0	0.0	39.5	39.1
Residents requiring restraints.	80	84.2	38.0	31.7
Confused or disoriented residents.	90	94.7	63.0	55.8
Residents with bed sores.	4	4.2	6.5	4.7
Residents receiving special skin care.	10	10.5	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ORCHARD LAKE RESTHAVEN

Street Address:		City and State:	
7277 RICHARDSON ROAD		WEST BLOOMFIELD MI 48085	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	50	PROPRIETARY	06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
43	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	76.7	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	72.1	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	27	62.8	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	76.7	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	69.8	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	14.0	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	16	37.2	39.5	39.1
Residents requiring restraints.	8	18.6	38.0	31.7
Confused or disoriented residents.	31	72.1	63.0	55.8
Residents with bed sores.	2	4.7	6.5	4.7
Residents receiving special skin care.	14	32.6	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEST BLOOMFIELD GERIATRIC VILLAGE

Street Address: 6470 ALDEN DR		City and State: WEST BLOOMFIELD MI 48033	
Participation: MEDICAID ICF	# of Beds: 85	Type of Ownership: PROPRIETARY	Survey Date: 05/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	Medicare Residents: 0	Medicaid Residents: 11
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	73.9	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	87.0	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	16	69.6	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	73.9	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	65.2	63.2	59.1
Residents on individually written bowel and bladder retraining program.	6	26.1	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	39.1	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	8	34.8	39.5	39.1
Residents requiring restraints.	11	47.8	38.0	31.7
Confused or disoriented residents.	10	43.5	63.0	55.8
Residents with bed sores.	4	17.4	6.5	4.7
Residents receiving special skin care.	12	52.2	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BORTZ HEALTH CARE OF WEST BRANCH

Street Address:		City and State:	
445 SOUTH VALLEY STREET		WEST BRANCH MI 48661	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	93	PROPRIETARY	01/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
90	1	71	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	80.0	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	80.0	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	80.0	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	80.0	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	80.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	28.9	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	36	40.0	53.3	50.8
Residents requiring restraints.	38	42.2	44.5	41.3
Confused or disoriented residents.	58	64.4	62.0	58.4
Residents with bed sores.	3	3.3	10.0	7.1
Residents receiving special skin care.	8	8.9	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOUR CHAPLAINS CONVALESCENT CENTER

Street Address: 28349 JOY RD		City and State: WESTLAND MI 48185	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 111	Type of Ownership: PROPRIETARY	Survey Date: 03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	Medicare Residents: 0	Medicaid Residents: 84
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	58.2	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	73.6	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	84.5	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	73.6	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	81.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	29.1	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	0	0.0	53.3	50.8
Residents requiring restraints.	45	40.9	44.5	41.3
Confused or disoriented residents.	87	79.1	62.0	58.4
Residents with bed sores.	8	7.3	10.0	7.1
Residents receiving special skin care.	15	13.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOUR CHAPLAINS CONVALESCENT CTR

Street Address: 28349 JOY RD		City and State: WESTLAND MI 48185	
Participation: MEDICAID ICF	# of Beds: 111	Type of Ownership: PROPRIETARY	Survey Date: 03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	Medicare Residents: 0	Medicaid Residents: 84
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	58.2	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	81	73.6	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	93	84.5	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	73.6	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	81.8	63.2	59.1
Residents on individually written bowel and bladder retraining program.	2	1.8	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	29.1	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	0	0.0	39.5	39.1
Residents requiring restraints.	45	40.9	38.0	31.7
Confused or disoriented residents.	87	79.1	63.0	55.8
Residents with bed sores.	8	7.3	6.5	4.7
Residents receiving special skin care.	25	22.7	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MIDDLEBELT HOPE NUR CTR

Street Address:		City and State:	
38410 CHERRY HILL RD		WESTLAND MI 48185	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	142	PROPRIETARY	02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
134	12	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	91.8	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	126	94.0	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	113	84.3	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	81.3	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	71.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	38.1	38.0	37.7
Completely bedfast residents.	3	2.2	2.8	3.4
Residents confined to chairs.	108	80.6	53.3	50.8
Residents requiring restraints.	78	58.2	44.5	41.3
Confused or disoriented residents.	63	47.0	62.0	58.4
Residents with bed sores.	49	36.6	10.0	7.1
Residents receiving special skin care.	50	37.3	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NIGHTINGALE WEST

Street Address:		City and State:	
8365 NEWBURGH RD		WESTLAND MI 48185	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	236	PROPRIETARY	10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
225	0	158

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	188	83.6	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	169	75.1	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	137	60.9	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	64.0	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	136	60.4	63.2	59.1
Residents on individually written bowel and bladder retraining program.	8	3.6	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	75	33.3	27.7	29.3
Completely bedfast residents.	3	1.3	1.3	3.6
Residents confined to chairs.	75	33.3	39.5	39.1
Residents requiring restraints.	86	38.2	38.0	31.7
Confused or disoriented residents.	122	54.2	63.0	55.8
Residents with bed sores.	26	11.6	6.5	4.7
Residents receiving special skin care.	101	44.9	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

WALTER P REUTHER PSYCH HOSPITAL LTC DV

Street Address:		City and State:	
30901 PALMER ROAD		WESTLAND MI 48155	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	254	STATE GOVERNMENT	08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
250	0	121		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	170	68.0	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	202	80.8	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	156	62.4	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	54.4	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	150	60.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	52	20.8	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	127	50.8	38.0	37.7
Completely bedfast residents.	40	16.0	2.8	3.4
Residents confined to chairs.	54	21.6	53.3	50.8
Residents requiring restraints.	87	34.8	44.5	41.3
Confused or disoriented residents.	231	92.4	62.0	58.4
Residents with bed sores.	12	4.8	10.0	7.1
Residents receiving special skin care.	89	35.6	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTLAND CONV CTR

Street Address: 36137 W WARREN		City and State: WESTLAND MI 48185	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 230	Type of Ownership: PROPRIETARY	Survey Date: 03/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 221		Medicare Residents: 5		Medicaid Residents: 141	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		195	88.2	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		181	81.9	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		150	67.9	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		169	76.5	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		97	43.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.		3	1.4	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		63	28.5	38.0	37.7
Completely bedfast residents.		1	0.5	2.8	3.4
Residents confined to chairs.		121	54.8	53.3	50.8
Residents requiring restraints.		82	37.1	44.5	41.3
Confused or disoriented residents.		131	59.3	62.0	58.4
Residents with bed sores.		44	19.9	10.0	7.1
Residents receiving special skin care.		35	15.8	32.7	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHITEHALL MANOR

Street Address: 916 E LEWIS ST		City and State: WHITEHALL MI 49461	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 125	Type of Ownership: PROPRIETARY	Survey Date: 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
119	1	99			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		117	98.3	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		100	84.0	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		89	74.8	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		89	74.8	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		87	73.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.		25	21.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		52	43.7	38.0	37.7
Completely bedfast residents.		1	0.8	2.8	3.4
Residents confined to chairs.		30	25.2	53.3	50.8
Residents requiring restraints.		79	66.4	44.5	41.3
Confused or disoriented residents.		63	52.9	62.0	58.4
Residents with bed sores.		19	16.0	10.0	7.1
Residents receiving special skin care.		62	52.1	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHITMORE LAKE CONV CTR

Street Address: 8633 N MAIN ST		City and State: WHITMORE LAKE MI 48189	
Participation: MEDICAID ICF	# of Beds: 212	Type of Ownership: PROPRIETARY	Survey Date: 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 169	Medicare Residents: 0	Medicaid Residents: 149	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	141	83.4	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	128	75.7	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	106	62.7	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	65.7	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	64.5	63.2	59.1
Residents on individually written bowel and bladder retraining program.	7	4.1	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	18.3	27.7	29.3
Completely bedfast residents.	1	0.6	1.3	3.6
Residents confined to chairs.	121	71.6	39.5	39.1
Residents requiring restraints.	78	46.2	38.0	31.7
Confused or disoriented residents.	100	59.2	63.0	55.8
Residents with bed sores.	10	5.9	6.5	4.7
Residents receiving special skin care.	82	48.5	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

APPLEWOOD NURSING CENTER INC

Street Address:		City and State:	
18500 VAN HORN RD		WOODHAVEN MI 48183	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
145		7		75	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		117	80.7	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		120	82.8	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		111	76.6	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		113	77.9	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		112	77.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		69	47.6	38.0	37.7
Completely bedfast residents.		1	0.7	2.8	3.4
Residents confined to chairs.		102	70.3	53.3	50.8
Residents requiring restraints.		76	52.4	44.5	41.3
Confused or disoriented residents.		107	73.8	62.0	58.4
Residents with bed sores.		20	13.8	10.0	7.1
Residents receiving special skin care.		17	11.7	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRESTVIEW MANOR

Street Address:		City and State:	
625 36TH ST SW		WYOMING MI 49509	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
79		0		54	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		59	74.7	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		60	75.9	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		55	69.6	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		52	65.8	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		43	54.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		14	17.7	38.0	37.7
Completely bedfast residents.		0	0.0	2.8	3.4
Residents confined to chairs.		14	17.7	53.3	50.8
Residents requiring restraints.		31	39.2	44.5	41.3
Confused or disoriented residents.		36	45.6	62.0	58.4
Residents with bed sores.		7	8.9	10.0	7.1
Residents receiving special skin care.		39	49.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDILODGE OF YALE

Street Address:		City and State:	
90 JEAN STREET		YALE MI 48097	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	88	PROPRIETARY	05/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
88	20	68			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		7	8.0	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		62	70.5	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		50	56.8	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		64	72.7	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		62	70.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.		6	6.8	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	30.7	38.0	37.7
Completely bedfast residents.		1	1.1	2.8	3.4
Residents confined to chairs.		35	39.8	53.3	50.8
Residents requiring restraints.		49	55.7	44.5	41.3
Confused or disoriented residents.		59	67.0	62.0	58.4
Residents with bed sores.		7	8.0	10.0	7.1
Residents receiving special skin care.		25	28.4	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EVERGREEN HILLS CONVALESCENT HM

Street Address:		City and State:	
1045 WARE COURT		YPSILANTI MI 48197	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	108	PROPRIETARY	10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	49.5	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	55	60.4	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	43	47.3	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	98.9	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	36.3	63.2	59.1
Residents on individually written bowel and bladder retraining program.	13	14.3	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	34.1	27.7	29.3
Completely bedfast residents.	2	2.2	1.3	3.6
Residents confined to chairs.	33	36.3	39.5	39.1
Residents requiring restraints.	22	24.2	38.0	31.7
Confused or disoriented residents.	65	71.4	63.0	55.8
Residents with bed sores.	11	12.1	6.5	4.7
Residents receiving special skin care.	24	26.4	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

GILBERT OLD PEOPLES HOME FOR YPSILANTI

Street Address:		City and State:	
203 S HURON ST		YPSILANTI MI 48197	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	32	NON-PROFIT OTHER	12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
30	0	9	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	53.3	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	27	90.0	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	23	76.7	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	93.3	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	80.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	6	20.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	53.3	27.7	29.3
Completely bedfast residents.	1	3.3	1.3	3.6
Residents confined to chairs.	17	56.7	39.5	39.1
Residents requiring restraints.	0	0.0	38.0	31.7
Confused or disoriented residents.	30	100	63.0	55.8
Residents with bed sores.	3	10.0	6.5	4.7
Residents receiving special skin care.	0	0.0	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAVEN PARK NH

Street Address: 285 N STATE ST		City and State: ZEELAND MI 49464	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 153	Type of Ownership: PROPRIETARY	Survey Date: 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 133	Medicare Residents: 0	Medicaid Residents: 103	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	88.0	80.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	123	92.5	85.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	121	91.0	76.7	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	86.5	77.7	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	62.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	6	4.5	3.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	42.9	38.0	37.7
Completely bedfast residents.	4	3.0	2.8	3.4
Residents confined to chairs.	37	27.8	53.3	50.8
Residents requiring restraints.	67	50.4	44.5	41.3
Confused or disoriented residents.	88	66.2	62.0	58.4
Residents with bed sores.	8	6.0	10.0	7.1
Residents receiving special skin care.	24	18.0	32.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE HEALTHCARE CENTRE

Street Address: 320 CENTRAL AVENUE		City and State: ZEELAND MI 49464	
Participation: MEDICAID ICF	# of Beds: 45	Type of Ownership: PROPRIETARY	Survey Date: 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	Medicare Residents: 0	Medicaid Residents: 13	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	71.4	78.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	92.9	80.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	76.2	68.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	73.8	72.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	88.1	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	35.7	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	14	33.3	39.5	39.1
Residents requiring restraints.	18	42.9	38.0	31.7
Confused or disoriented residents.	30	71.4	63.0	55.8
Residents with bed sores.	1	2.4	6.5	4.7
Residents receiving special skin care.	13	31.0	26.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

DATE DUE

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REF

HD 7102 .U5N76 1987/88
Michigan II

Medicare/Medicaid nursing home
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